N. B.

# STATE OF MARYLAND CERTIFICATE OF DEATH

05337

1. PLACE OF DEATH		Registration Dist. No. 12			121=		
Village or City Frederick			No.	W. D. Land	Registration Dist. N		
			No. death occurred in	a hospital or insti	tution, give its NAME, instead	of street and number)	
Length of r	esidence in city or town where o	teath occurred		1 114	M.	of foreign birth?y	
2. FULL N							
(a) Resid	ence: No. 24 E. F	ourth St.		St.,	Ward.		
		(Usual place				If nonresident give city	The same of the sa
	NAL AND STATIST	,				CERTIFICATE OF	DEATH
male	4. COLOR OR RACE		RIFD, WIDOWED, D (write the word)	21. DATE	OF DEATH	May 30th.	, 193 (Year)
a. If merried, wid HUSBANO of (or) WIFE of		ard.		22. Af	HEREB	Y CERTIFY	
DATE OF BIRT	H (month, day, and yeer)	ov. 19. 1	262	i last saw i	m alive on	May de	death is sa
. AGE	Years Months	Oays	If LESS than  1 day, hrs.		L CAUSE OF DE	eted above, at 6.20P am ATH end related causes of Imp	portance
8 Trade nr	ofession, or particular of work done, as SPINNER,	1	1 01	were as rollow	3.	111	Date of ons
kind o SAWY	of work done, as SPINNER, ER, BOOKKEEPER, etc	Laborer		Ch	ence	ple a coul	, 6.
9. Industry of work	or business in which was done, es SILK MILL,			0	1	1	
SAW M	MILL, BANK, etceased lest worked at ccupation (month and	11. Total t	ime (years) ntin this upation	W	Ulli	Selvon	
) year)	Maryla		a pation	Other Contribu	story Causes of im	portance:	
2. BIRTHPLACE (State or c	(city or town)			41	SEE.	Maraara	· · · · · · · · · · · · · · · · · · ·
1	John Abb.			, up	cuy		4.00
	Mars	yland					0-1
14. BIRTHPLA	ACE (city or town)	120230		Nema of opera			Oata of
	NAME Rhuanna Bo	pst.				causes (VIOLENCE) fill in also	
15. MAIOEN NAME Rhuanna Bopst.  16. BIRTHPLACE (city or town).  (State or country)			Accident, suicle		Oate of		
7. INFORMANT (Address)		-				(Specify city or town, c in INDUSTRY, In HOME, or	ounty and State) In PUBLIC PLACE.
	MATION, OR REMOVAL			Manner of inju	Iry		
Place_1.t	.Olivet Cemeter	· ·		Nature of injur	ry		
9. UNOERTAKER (Address)	M. R. Ftchis Frederick;			24. Wes disease	-	way related to occupation of	deceasad?
20. FILED 31 L	10y , 198 2 God	a/m	Registrar.	(Signed)_	ddress)	+ u de	week Ma

If more Vlanks are needed, address Stape Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUN A 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

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ADDITIONAL SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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1932

(Year)

Date of onset

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Chronic interstitual nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhoge JU, A 1032	July 5,1927	Peritonitis	3 days ago
BUSCAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gostroenteritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CORRECTION OF FULL NAME OF DECEASED AND SOCIAL CONDITION MADE ACCORDING

10 LEFFER FILED June 22, 1933 und Dr. Thomas.--L. Personal information added thru authorization of letter filed Jan. 19, 1934 under M. Carosi,
Royal Italian Consul, Baltimore. - L.

PHYSICIANS should state

stated EXACTLY. properly classified.

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

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Exact statement of OCCUPA-

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MARGIN	CARACA PARACA
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1.	Pa.	9	16.	1	h
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1. PLACE OF DEATH	920		
County FREDERICK	Registration Dist. No. 145		
Village or City HARMONY (near Myersvelle	No. St. Ward		
	f death occurred in a hospital or institution, give its NAME instead of street and number)  s		
2. FULL NAME EZRA BAKER			
(a) Residence: No.	St., Ward,		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED, WIDOWED, OR DIVORCED (write the word) WHITE WIDOWED	21. DATE OF DEATH  (Month) (1932  (Year)		
58. If married, widowed, or divorced HUSBANO of Amanda Delauter Baker, (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from		
6. DATE OF BIRTH (month, day, and year) (CTOBER 17, 1831	71		
7. AGE Years   Months Days If LESS than	to have occurred on the date stated above, at		
100 6 80 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month end to come as spent in this sp	Oly: Valvular Heart disease		
10. Date deceased last worked at this occupation (month end year)  12. BIRTHPLACE (city or town)  12. BIRTHPLACE (city or town)  13. Total time (years) spent in this occupation  5. O	Other Contributory Causes of Importance:		
13. NAME JOHN BAKER			
14. BIRTHPLACE (city or town)	Name of operation		
(State of country)	What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME ANNIE MASSER	23. If death was due to external couses (VIOLENCE) fill in also the following:		
15. MAIDEN NAME ANNIE MASSER  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?		
17. INFORMANT LEWIS BAKER (Address) HARCIONY, MARYLAND	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HDME, or In PUBLIC PLACE.		
18. BURIAL, GREMATION, OR REMOVAL My reville Place HARMONY MD. Oote MAY 12 , 19 3 4	Manner of injury		
19. UNDERTAKER CT. 41. GLADHILL (Address) MIDDLETOWN, MARYLAND	24. Was disease or injury in any way related to occupation of deceased?		
20. FILED May 9, 1932, William & Machtel Registrar.	(Signed) Allun Hart M.D.  (Address) Middle Hown M.D.		

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V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH U5342
County Tredough County	Political States 191
County	Registration Dist. No.
Village of Children (If	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	4.9. ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Marry Vecala. 130an	no
(a) Residence: No. 717 - Molly We. Frus	ustig mad Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLON OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  May  1 8  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
SOFT WIFE OF Newy M. 13 cans	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) December. 16	Hast saw La alive on May 18 493 E death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above at 1/- A.m.
1895 36 5 2 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
o kind of work done, as SPINNER, House Wefe w	
9 Indústry or business in which	101 - 10
work was done, as SILK MILL, O. W. Aoms SAW MILL, BANK, etc.  10. Date deceased last worked at 11. Total time (years)	There raive 5/8/34
10. Date deceased last worked at this occupation (month and spent in this occupation occupation	/ /
6	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) Preserve (M	Out the state of the
	a mand a survey
E 15-0-15-00	who ex
14. BIRTHPLACE (city or town) (State or country) Predaucts & mil	Name of operation
	What test confirmed diagnosis? Was there an autopsy? Ma.
I Q 1 40 -1	23. If death was due to externat causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) Southern Country  (State or country) Unclined	Where did Injury occur?
711000 P Q	(Specify city or town, county and State) Specify whether injuly occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Prox at the R.7 At. 7w. 1.	open, manus manus manus manus manus de
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place From It le my 20,1932	Nature of injury
19. UNDERTAKER Kers & Bailey	24. Was disease or Injury in any way related to occupation of depeased?
(Address) Bruno weeks mo	If so, specify
20. FILED May 20, 1322 Mrs. Bl. D. Hilly 15	(Signed) M. D.
Registrar.	(Address) - Stephenson Ma
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1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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		(660) C. A(1)	
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# STATE OF MARYLAND—CERTIFICATE OF DEATH

05344

1. PLACE OF DEATH .	93·c)
county Frederick	Registration Dist. No. 13)=
Village or City Frederick	No. St., Ward
Length of residence in city or town where death occurredyrsmo	If death occurred in a horojtal or institution, give its NAME instead of street and number)  s. ds. How long to U.S. If of foreign birth?
2. FULL NAME Jamson Henry	Diser
(a) Residence: No. 1/5 w. Tarthe (Usualplace of appoint)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White Under the word)	21. DATE OF DEATH May 18 1932 (Yaar)
5a. If married, widowed, or divorced HUSBAND of Borbera Ellen Ramsburg	22. I HEREBY CERTIFY. That t attended deceased from  May 18, 1932, 10 may 18, 1932
6. DATE OF BIRTH (month, day, and year) May 15, 1851	I last sawn in alive on ; death is said
7. AGE Years Months Oays If LESS than I day,hrs.	to have occurred on the date steled above, at 7. 40 m.
0103 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:  Onte of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Labourer	Phr my vanchter
kind of work done, as SPINNER, Labout SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this recursion (month and enabling this this countries of the second in the second	Sepility
work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at  11. Total time (years)	
10. Date deceased last worked at this occupation (month and year) occupation control occupation.	
12. BtRTHPLACE (city or town) Marylond (State or country)	Other Contributory Canses of Importance:
	Almann -
13. NAME Henry Bish	
(State or country)	Name of operation Oate of
	What test confirmed diagnosis?
15. MAIDEN NAME Safessia Coulzain	23. If death was due to external causes (VtOL ENCE) fill in also the following:
15. MAIDEN NAME Softma Cautzohn  16. BIRTHPLACE (city or town) Marylond (State or country)	Accident, suicide, or homicide?
17, INFORMANT CO. C. Biser	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, ID HOME, or In PUBLIC PLACE.
(Address) Frederick, Md	I and dead in sleg
18. BURIAL, CREMATION, OR REMOVAL Place Middletam. M. Oate May 20, 19.3.	Manner of injury
19. UNOERTAKER M: Richard Hom	24. Was disease or injury in eny way releted to occupation of deceased?
20. FILED 20 - Lucy 1932 dood meeling	(Signed) It Lamure fakurey M. D.

If more blanks are needed, address State Resistrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUCKE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Coroner Curifound dead in bed. Had not been attended before from Heart pailure.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsu 1 week ago Arteriosclerosis 1915 1921 Run over by street car 1 week ago Chronic interstitial nephritis Julu5.1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Boandfield.

BINDIN

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis NIC 3 days ago Other contributory causes of importance: Other contributory eauses of importance: Gallstones May 1,1923 Gastroenteritis 1 year

The state of the s	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23)
county Frederick	Registration Dist. No. J 3 9
Village or City State Sanatorum	Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	
2. FULL NAME  (a) Residence: No. 18 40 Bell  (Usual place of abode)	st, ward Balto Md
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May 11 1982
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That 1 attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Feb. 2. 1909	I last saw h was alive on may 1 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.20 Pm.
23   3   9   1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Pulmonary Tuberculosis
SAW MILL, BANK, etc	<u> </u>
10. Date deceased last worked at this occupation (month end arch 13 2 spant in this occupation 3	
12. BIRTHPLACE (city or town) Maryland. (State or country)	Other Coutributory Causes of importance:
13. NAME Michael Cadden Sr.	
13. NAME While Cadden Sr.  14. BIRTHPLACE (city or town) State or country)	Name of operation New Oete of Oete of What test confirmed diagnosis? Must X say + Polyas there an au opsy? No
15. MAIDEN NAME Mary Dunleavy.	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of Injury, 19
17. INFORMANT John G. Cadden (on admiss	(Specify city or town, county and State) Spacify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL PIECE D allo Md. pate unknown	Manner of injury
19. UNOERTAKER M. L. CHager (Address) Thurm the md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 57 11 27, 19 Registrar.	(Signed) Aleward & Maffer M.O. (Address Itale Sanatorum Md)
If more blank are needed, address State Registrar,	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

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-Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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14

PLACE OF DEATH  County_ Frederick  Village or City Myersville (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 145  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Married, Widow Widow	16 DATE OF DEATH May 29, 1932  (Morth) (Day) (Year)
July 26th 1854	17 I HEREBY CERTIFY, That I attended the deceased from Nov. 1929. to May 29., 1932,
(Month) (Day) (Year)  7 AGE   If LESS than	and that death occurred on the date stated above, at 3, A, m.
77 yrs. 10 mos. 3 ds. or min.?  8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Aleste Cardial ditatation Coranary Shrauchasis Rente Torenschegulations Nerphritis  (Duration)  yre  mos  de.
9 BIRTHPLACE (State or country) Maryland	Contributory Attenia selected to - Asalie Regulary
10 NAME OF FATHER Henry Schildtknecht  11 BIRTHPLACE OF FATHER	(Signed) Address M. D.  State the Disease Causing Death or. In deaths from
OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER SUSAN A. Snyder	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents)  At place of death yrs description of the State yrs description of the place of death?
(Informant) Helen Cline	Former or usual residence
(Address) Aversville, Md.	Myereville U.B. Cometer 5/3/ 1932
15 Filed May 31, 1932, William & Wachtel	20 UNDERTAKER ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

versville

Bittle

# REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Wornwithout more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Lobar pneumonia, Bronchopneumonia ("Pneumonia, Typhoid fever (never report "Typhoid Pneumonia");

> approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Measles ;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

permanently filed.

(a) Residence: No		(Usual place	of abode)	St., Ward.  If nonresident give city	or town and State
PERSONAL AN	ID STATISTICAL	PARTI	CULARS	MEDICAL CERTIFICATE OF I	DEATH
Female Co	lored. 5. SI	NGLE, MARI R DIVORCED	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH) 28	7 (Year)
5a. If married, widowed, or divo HUSBAND of (or) WIFE of	orced	0		1 HEREBY CERTIFY, Tha	t I attended deceased fro
6. DATE OF BIRTH (month, da	y, and year) Felo	1-25	1931	I last saw hele alive on may 27	1, 19 3 2; death is se
7. AGE Years	Months 3	Days 3	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 3, 30 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of imp were as follows:	ortance Date of one
8. Trade, profession, or pikind of work done, SAWYER, BOOKKEE 9. Industry or business if work was done, as SAW MILL, BANK, O. Date deceased last wo this occupation (mo	as SPINNER, EPER, etc	ions		Whoping Cough	May 13
10. Date deceased last wo this occupation (mo year)	nth and	11. Total ti spen occu	me (years) nt in this pation	Other Coutributory Causes of Importance:	h.
12. BIRTHPLACE (city or town) (State or country)	Mary	land	the s	Broncha ( friumour	19/3
13. NAME Cary 14. BIRTHPLACE (city or to	M.	Mar	het	Name of operation	Date of
(Otate of Country)	oma	mas	rd	What test confirmed diagnosis?W	as there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or to (State or country))  17. INFORMANT MASS 1	Own) Mar Claymon	ylas Cra	nound	23. If death was due to external causes (VIOLENCE) fill in also Accident, suicide, or homicide? Date of in Where did injury occur? (Specify city or town, co	njury, 19
18. BURIAL, CREMATION, OR Place Place	7/1 / 1	te May	20, 1932	Manner of injury	
18. BURIAL, CREMATION, OR I	Market Da Falo Market 1932 Lucia	nen N	12.30.,1932 Mod A alcanear Registrar.		

STATE OF MARYLAND—CERTIFICATE OF DEATH

05349

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Diampie 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street our G A DVIIII	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		11 St 81 8 Will 19	
Other contributory causes of importance:		Other contributory causes of importance:	
		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. mation should be carefully supplied. AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE (	OF	MARYL	AND-	CERTIF	CATE	OF	DEATH
· · · · · · ·		1,11, 41, 7 1	7 11 12			-	

05350

1. PLACE OF DEATH		0
County Trederick	Registration Dist. No. / U	9
Village or City State Saucatorin	No. Md. st.	Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and numb	ber)
C	nosds. How long in U.S. If of foreign birth?yrsmos	ds.
	ews	
(a) Residence: No. St. mary City St. h	Targy & Coward ml.	
'(Usual place of abode)	If nonresident give city or town and State	e
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrige the word)	21. DATE OF DEATH	. /
fluale while married	(Month) (Day)	(Year)
A. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That I attended done	and them
(or) WIFE of Charles W. Crews	22. I HEREBY CERTIFY, That I attended dece  march 11, 19 & 2, to May 20	ased from
5. DATE OF BIRTH (month, day, and year)	I last saw her alive on may 20 19.31; de	oth is said
A. AGE Years Months Days If LESS than		arii 12 2810
30 87 200 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular		te of onset
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at his occupation (month and		
Industry or business in which	William and the land well as	407
work was done, as SILK MILL, SAW MILL, BANK, etc.		
		1931
year) occupation with	Dther Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town)	Strict Country Cause of Importance.	
(State or country) Vennsylvania		
13. NAME Joseph Lachary		
14. BIRTHPLACE (city or town) Europe, Cache Slovale	flame of operation None Date of	
(State of country)	What test confirmed diagnosis? Chest X ray + Pos Was there an au op	sy?V
15. MAIDEN NAME Mary heempan,	23. if death was duo to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Mary heetingar	Accident, suicide, or homicide? Date ol injury	. 19
(State or country)	Where did injury occur?	
7. INFORMANT anthonia m Crews	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) The Mery City St mary o Co.)	W	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
My Hace . A Mary Co Mapate may 2 4, 19.3	Nature of Injury	
19. UNDERTAKER M. h. Cleage	24. Was disease or injury in any way related to occupation of deceased?	0
(Address) Thursday Trul	If so, specify	
20 EUED 5/20/2× 10/18	(Signed) Slewart & Shaffe	1 M. D.
20. FILED 9 Registrar.	(Ardress) A to te Agn a torum	m

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car	Date of onset  1 week ago 1 week ago
	- "
Run over by street car	1 anale ana
	I week ago
Peritonitis	3 days ago
Other contributory causes of importance:	1 year
3	Other contributory causes of importance:  Gastroenteritis

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
The second secon	120
7 , 0 ,	Registration Dist. No.
illage or City heur market (No.	St.: Ward) (If death occurred a hospital or instit
2FULL NAME John William	Cutsail tion, give Its NAME I stead of street ar number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white (Write the word) married	16 DATE OF DEATH May 17, 1932
DATE OF BIRTH	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
april 20 1862	May 17 19232 to May 17, 1923:
(Month) (Day) (Year)	that I last saw h my alive on May / 7 , 192
'AGE [If LESS than	and that death occurred on the date stated above, atn
70 yrsmos. 26 ds. ormin.?	The CAUSE OF DEATH * was as follows:
3 OCCUPATION	
(a) Trade, profession or RT'	www quires
particular kind of work  (b) General nature of industry	
business, or establishment in	(Durstian) / vrs d
which employed or (employer)	Contributory apolexy
BIRTHPLACE (State or country)	Secondary
10 NAME OF	(Duration) yrs mosd
FATHER Peters Catsoil	(Signed) M. I
11 BIRTHPLACE	1928 (Address) lu market
OF FATHER	
- mary carro	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 7	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds. Stateyrsmos
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds. Stateyrsmosds.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds. In the State yrs mos of the State yrs mos or Recent Residence yrs mos part of the State yrs mos or Recent Residence yrs mos yrs mos or Recent Residence yrs mos yrs mos yrs mos yrs mos yrs yrs mos yrs yrs yrs yrs yrs yrs yrs yrs yrs yr
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Lillie  Cutsquil	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For ients or Recent Residents)  At place of death

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it laborer, Farm laborer, Laborer—coat mane, even wounderen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping (Recommendations on statement of cause of taken. For VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. valvular heart disease; The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state

EXACTLY.

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mation should be carefully

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properly classified.

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

of OCCUPA-

Exact statement

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6. 7.

OCCUPATION

12.

MOTHER | FATHER

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05352
County Treduck	129
Village or City State Sanatorum	Registration Dist. No. J V
Length of residence In city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME CANALL K. A	auson
(a) Residence: No. 2 25 V W au (Usual place of abode)	Ward.   Page Stown M   If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white 5. SINGLE, MARRIEO, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
If married, widowed, or divorced HUSBAND of Was Carroll R.D auston	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) (October 12, 1907	I last saw ham alive on May 2 7 ,1932; death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9.40 Am.
94 6 6 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Slube Julpawing	Pulanonary whereulosis
Andustry or business lin which work was done, as SILK MILL, SAW MILL, BANK, etc	J
10. Oate deceased last worked at this occupation (month and years) spant in this occupation.	
BIRTHPLACE (city or town) Uname	Other Contributory Canses of importanca:
13. NAME Multon Dayson	Jubiculous Laryngilis
14. BIRTHPLACE (city or town) Vincyinia (Stata or country)	Nama of operation Oata of What test against the state of
15. MAIOEN NAME Elfie BORRY	What test confirmed diagnosis? What here an au opsy?
16. BIRTHPLACE (city or town). Urginia (Stata or country)	23. If death was dua to external causes (VIDLENCE) fill in also tha following:  Accidant, suicida, or homicide?
INFORMANT Mrs Carroll Dawson (Address) 225 Morway Care Hagenal	Whera did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
BURIAL, CREMATION, DR REMOVAL	Manner of Injury

17. 18.

19. UNDERTAKER

(Address) Registrar. Natura of injury

24. Was diseasa or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	May 1 1000	Other contributory causes of importance:	
Valistories	May 1,1923	Castroenterius	1 year

PHYSI-PLACE OF DEATH CERTIFICATE OF Registration Dist. No. PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH B SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED WIDOWED back OR DIVORCED (Write the word) may HERERY CERTIFY, That I attended thanderes 6 DATE OF BIRTH (Day) (Year Month) ond that death occured on the date stated abova, at IIf LESS than 7 AGE I day ..... hrs. B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory Secondary 9 BIRTHPLACE (State or country) (Duration) 10 NAME OF (Signed). \*State the Discase Causing Death, or, ia desthe from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transd state ients or Recent Residents) 18 BIRTHPLACE At place of death... OF MOTHER (State or country Where was disease contracted, O if not at place of death? usual residence. 20 UNDERTAKER Registra Il mora bianka ara needad, address State Registrar, 16 W. Saratoga St., Balto.,

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TH UNFADING

# REVISED UNITED STATES STANGARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning cfillness. If retired fromgaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more process. Coal mine, etc. Wom-laborer, Laborer—Coal mine, etc. Womnature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits ean be known. The quescupation is very important, so that the relative health tired 6 yrs). business, that faet may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Innager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples : (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, a. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. household only (not paid Lousekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on who are engaged in the duties of the (b) Automobile factory. The material For persons who have no occupation (6) Grocery,

Statement of Cause of Death—Name, first, the DISSE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphulifeer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup,"); "pholid fever (never report "Typhoid Pneumonia"; obtain presumonia, Bronchopmeumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, tetants) may be stated under the head of "contributory" "('Inanition,'" "Marasmus,'" "Old Age," "Shock,'"
"('Uraemia,'" "Weakness,'' etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, American Medical Association.) "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. inges, perdonaeum, etc., Carcinoma, Sarcoma,, etc., ol (Recommendations on statement of eause of death carbolic acid-probably suicide. The nature of the injury or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. approved by Committee on accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traincausing death), 29 ds.; Bronchopneumonia (seeondary) Whooping . . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstical nephritis, resulting from ehildbirth or miscarriage as or intercurrent) affection need not be ess important. Example: Measles (disease valvular heart disease, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

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BINDING

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(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING BEATH gaged in domestic service for wages, as Scruant, Cook ployed, as At school or At home. Care should be taken definite salary). may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of person en-(a) Foreman, (b) Automobile factory. Civil engineer, Stationary firemen, etc. fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-6 yrs.). For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation The material But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"): Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"I ture of the injury, as fracture of skull, and consequenees (e. g., sopsis, tetanus) may be stated under the ment of cause of death approved by Committee on Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "PUERPERAL septicaemia." "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," conditions, such ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: State cause "Uraemia," "Weaknest," etc., when a definite disease "Dropsy." "Exhausticn," "Heart fallure." "Haemor-Chronic interstitial nephritis, etc. The contributory ...... (name origin; "Cancer" is less definite; avoid vulsions." (secondary or Whooping cough; of "contributory." FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway for which surgical operation was under-Never report mere symptoms or intercurrent) affection as "Asthenia," Chronic valvular heart (Recommendations on state-Example: Measles "Anacizia" "Coma," "Conneed not be discase; Measles; terminal (disease The na-(second-(merely

tions answered in detail, it will prevent further correspondence. All the data is assential and must be obtained before the certificate is permanently filed.

state

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUARAU V.B	100		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.— OCCUPA-

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Exact statement

properly classified.

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CAUSE OF DEATH in plain terms, so that it may

STATE OF MARYLAND-	-CERTIFICATE OF DEATH (5356
1. PLACE OF DEATH	(93-c)
County Tre derecte	Registration Dist. No. 12/=
Village or City Montevue trapelal	NoSt.,Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) os. 25 ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Enlipsing Eulen	
(a) Residence: No. The alendary	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Way 2 b 193 (Yeer)
ia. If married, widowed, or divorced HUSBAND ot	22. I HEREBY CERTIFY, That I attended deceased trom
(or) WIFE of Mary Boone	Way 3 ,1972,10 May 26 ,1937
DATE OF BIRTH (mopph, day, and year) 2 6 1 8 H 7	I last saw hand alive on Many 25 , 1972; death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, et 11, 150, m
85 AFT O Ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as tollows:  Date of onset
8. Trade, protession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	00 . 2
SAM MUSTRY OF DUSINESS IN WHICH Work was done, as SILK MIDL, SAW MILL, BANK, etc	Chronic Thyosocaleties
10. Dato deceased last worked et this occupation (month and year) W 2 11. Total time (years) spart in this occupation was a constant of the control of the c	
year) Waster 1926 spart of this capation 45	Other Coutributory Causes of Importance:
2. BIRTHPLACE (city or town) Waryl augle (State or country)	
	Neme of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Wary Strine	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Wary Strine  16. BIRTHPLACE (city or town) Wary and	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur? (Specify of the property and State)
17. INFORMANT James. a. Jones Sund (Address) Montevie Hospt Tiel. TX, W. d.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL 5.60	Manner of injury
Place Cocky Will ben Date May 28, 1982	Nature of injury
19. UNDERTAKE Thomas J. Hice.	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Frederick Red	If so, specify A O 2
20. FILED 27 luay 198 2 doraf mcauch	(Signed) 10.0. Frances M. I.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC
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RESERVED

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 yeor
<b>\</b>			

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
PULLATIVE				
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

ADDITIONAL S	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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RESERVED

MARGIN

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street can C A DV A LL	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		7861 8 NO	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDIN

FOR

MARGIN RESERVED

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ELECTIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 3 11N 4 1932	July 5,1927	Peritonitis	3 days ago
BULFAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(95-E)
County Frederick	Registration Dist. No. 136
Village or City Urfana	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. it of foreign birth?yrsmosds.
8 . 1/.00	9
2. FULL NAME Quice Will	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May 10 th
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of George Hill	22. I HEREBY CERTIFY, That I ettonded deceased from
service will	March , 1932, to May 10th, 1932
6. DATE OF BIRTH (month, day, and year)	I last saw har alive on May 7 1932; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
ormin.	were es follows:
8. Trade, protession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKEEPER, etc.	ganic Heart Nisease
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
- this cood pation (month and	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Alary (State or country)	
	Fronchills
13. NAME John Butler  14. BIRTHPLACE (city or town) 77	
14. BIRTHPLACE (city or town) / Canaland	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
E CONTRACTOR OF THE PROPERTY O	23. If death was due to external ceuses (VIDL ENCE) fill In elso the following:  Accident, suicide, or homicide?
S 16. BIRTHPLACE (city or town) Mary Courty)	Where did injury occur?
17. INFORMANT Gertha Thompson	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE,
(Address)	, , , , , , , , , , , , , , , , , , , ,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Urbana Date 37/3 ,1923	Nature of injury
19. UNDERTAKER GIBERT, C. LIstor	24. Wes disease or injury In any way related to occupation of deceased?
(Address) Italderess hid	If so, specify
20. FILED May 13 1932 & Offundrukson	(Signed) M. D.
Registrar.	(Address) Jeredeck ma

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Chronic interstitial ncphritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	· ·	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
DUZLAU V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenleritis	1 year	

V. S. No. 1

	5	SIFI	
	AC.	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classifile	statement occupation is very important. See instructions on back of certificate.
	EX	ly c	fice
	ted	per	ert
	Sta	pro	of c
	be	be	CK
	pine	nay	ba
	eho	11	0.0
	C	hat	one
	×	30 t	ucti
	ied	386	str
	logi	tern	e in
	ns /	in	Se
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	aret	in in	orta
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	sry.	NNS	ten
	EVE	Ö	Sta
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1	05364
PLACE OF DEATH	STATE OF MARYLAND
County Trederic Sk	CERTIFICATE OF DEATH
	Registration Dist. No. 144
Village or City Lewes low tha	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME alièe Rachai	tion, give Its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jul 4 COLOR OR RACE SINGLE, MARRIED, Manuel  MARRIED, Manuel  OR DIVORCED  (Write the word)	Month (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
A 19/11	May 1, 1982 to May 5- 1982
(Month) (Day) (Year)	that I last saw her alive on May 5-, 1932
7 AGE [If LESS than	and that death occurred on the date stated above, at /4 50 pm.
67 / dayhrs.	The CAUSE OF DEATH * was as follows:
6 yrsds. ormin.?	Grongles green
(a) Trade, profession or house leekers	the flowing -
particular kind of work  (b) General nature of industry	
business, or establishment in	(Duration)yrsmosylds.
which employed or (employer)	Contributory Hyperleusern
9 BIRTHPLACE (State or country) Hellow The Mill	Secondary
10 NAME OF	(Durstion) yrs
FATHER of he a Crawer	(Signed) M.D.
S II BIRTHPLACE	1922 (Address) In doth from
OF FATHER  (State or country)  12 MAIDEN NAME  (State or country)	State the Piscase Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Julier a Shaufile	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER Lewis brown he d	At place of death yrs mos. ds. In the State yrs mos. ds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
of Dela Color	Former or
(Informant) John C. Holl	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Lewiston MX	Antina May 7,32
15 Wel ( 22 () 24 9	20 UNDERTAKER ADDRESS
Filed My 6 1922 Lange M. Agaira	ma Crease Ken Thurmonh
	, 16 W. Saratoga Sr., Balo., Requesting V. S. No. 1.
at more diame are necessary addices trace neglector	

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of r," etc., Foreman, first line will be sufficient, e. g., Farmer or Planter. especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The material 6 Grocery,

Streement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Uraemia," "Weakness," etc., when a definite disease stated unless important. approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi or intercurrent) affection need not be ss important. Example: Measles (disease for malignant neoplasms); Measles; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

stated EXACTLY. PHYSICIANS should state RECORD. Every item of inforof OCCUPA. Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING FITH UNFADING INK-THIS IS A PERMANE! TION is very important. See instructions on back of certificate. MARGIN RESERVED AGE should be mation should be carefully supplied. B.—WRITE PLAINLY

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05365		
1. PLACE OF DEATH	(131)		
Village or City Emilabora	Registration Dist. NoSt.,Ward		
Length of rasidance in city or town where death occurred 2 Jyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Harry a Stopp			
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  White	21. DATE OF DEATH May 18 (Oay) (Year)		
5a. If married, widowad or divorced HUSBAND of (or) WIFE of Catherine Suchehart	22. May 10 1932 to May 18, 1932		
6. DATE OF BIRTH (month, day, and year) Lee 7- 1862	I last saw harmalive on Trans & 19.7 2: death is said		
7. AGE Yaars Months Oays if LESS than 1 day,hrs.	to have occurred on the data stated above, at		
8. Trada, profession, or particular kind of work dona, as SPINNER, The second of the second	were as follows: Oate of one of Men of		
kind of work dona, as SPINNER, Wershood SAWYER, BOOKKEEPER, etc.  5. Industry or business in which work was dona, as SILK MILL, Baltery of Confectionery SAW MILL, BANK, atc.  10. Oata decaasad last workad at this occupation (month and 5/11/32)  11. Total time (years) spant in this occupation 4 occupatio			
12. BIRTHPLACE (city of town) Emultibling (State or country) wantond.	Other Contributory Causes of importance:  Where - Scherage Ten		
	Now.		
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Oate of		
15. MAIDEN NAME Elizabeth Stewler	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:		
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Oate of injury, 19		
17. INFORMANT Edward Hope.  (Addrass) Enwithing red	(Specify city or town, county and State) Spacify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place from the Date 5/ 20, 19 3 2	Manner of injury  Natura of injury		
19. UNDERTAKER U. J. Shuff I and (Address)	24. Was disease or injury in any way related to occupation of dacaasad?		
20. FILEO May 20-1952 Mot Shooff Recition	(Signed) (Smart Luy M. D. (Addrass)		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1-week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		700K O 1005	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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No.	[ E
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>. 2	z( "
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STATE OF MARYLAND	CERTIFICATE OF DEATH 05366
1. PLACE OF DEATH	(23)
County Frederick	Registration Dist. No. 140
Village or City Canterville (If	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurredyrs,mos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Earl Main Fl	mile ~
(a) Residence: No. (Usual place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 5 193 3 2
5e. If married, widowed or divorced	(Month) (Day) (Yeer)
(or) WIFE of Chine J. Keening	22. I HEREBY CERTIFY, Thet I attended deceased from
bearl.	122.1.3
6. DATE OF BIRTH (month, day, end year) West Curows.  7. AGE Years Months Deys If LESS then	13 -
2 ( day,hrs.	to heve occurred on the dete stated above, at 2 m.  The PRINCIPAL CAUSE OF DEATII and releted causes of importence
ormin.	were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER. Day Calorer SAWYER, BOOKKEEPER, etc.	fully belongulory 1025
4. 9 Lindustry or business in which	Tulmonon Interculosas 1925
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oate deceesed lest worked et   11. Totel time (yeers)	
this occupation month end yeer)	
10 DIDTUD LOT (-II)	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (State or country)	
II 13. NAME Multermy	
13. NAME  14. BIRTHPLACE (city or town)	Name of constitut
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME MISCHANI	Whet test confirmed diagnosis?
	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
Malas A P 11.	Where did Injury occur? (Specify city or town, county and State)
17. thFORMANT (Address) (North Store Ten)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece Tocky fell Dete May. 7 ,1932	Nature of injury
19. UNOERTAKER Pourle & Albangh (Address) Woodsboro Will	24. Was disease or injury In any wey related to occupetion of deceased?
20. FILED May 7, 1932 & C Parise Registrar.	(Signad) Polley M. D.  (Address) Delaw 2005
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example I	. 3	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Arteriosclerosis Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
la disconnection				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

See instructions on back of certificate.

in plain terms, so that it may be

CAUSE OF DEATH TION is very import

V. S. No. 1

05367

1. PLACE OF DEATH	(23)
county ctrederick	Registration Dist. No. 137
	No. Mol. St., Ward
Length of residence In city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  22dsp How long In U.S. if of foreign birth?yrsds.
2. FULL NAME MUSTLE, May 7	tubbard.
(a) Residence: No. Y Devoloro (Usual place of abode)	rsplingers. Co. Md.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May 3/ (Day) (Year)
a. If married, widowed or divorced	
(or) WIFE of Frank B. Hubbard	1 HEREBY CERTIFY, That I altended deceased from
6. DATE OF BIRTH (month, day, end year) Oully 11 1907	I last saw h 21 alive on May 30 , 1932; death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 1205.Am.
24 10 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER ROCKEFEER atc.	
	Malmanar, Tuber en lasin
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1
10. Date deceased last worked at this occupation (month and ly .) 431 spant in this occupation (month and ly .) 431	
Mahilland	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Tules culous Francisco
13. NAME Harry Cooper	The state of the s
14. BIRTHPLACE (city or town) Maryland	Name of operation Date of
(State or country)	What test confirmed diagnosis? CNM X-ray + 5 Was there an au opsy? No-
15. MAIDEN NAME Viola Groff  16. BIRTHPLACE (city or town) Maryland.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Mystle Hulbard (on admission (Address) Treenstyns, md	Where did injury occur?(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Date university	Nature of injury
19. UNDERTAKER M. L. Creager	24. Was disease or Injury in any way related to occupation of deceased? No
(Address) homen a.	If so, specify
2D. FILED, 19	(Signed) Address) State Sana to mm. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis Chronie interstitial nephritis	1915	Attack of epilepsy	1 week ago
Chronic interstitial pephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

shord be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

mation

STATE OF MARYLAND-	CERTIFICATE OF DEATH 05368
1. PLACE OF DEATH  County County Late Lange Torum	Registration Dist. No. 139
	death occurred in a horpital or institution, give its NAME instead of street and number)  2 4 ds. How long in U.S. if of foreign birth?
(a) Residence: No. 1185. Valuat (Usual place of abode)	St., Ward. Balto. Md.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, PR DIVORCED (write the word)	21. DATE OF DEATH May 13, 198 (Year)
da. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY. That I attanded decaased from
6. DATE OF BIRTH (month, day, and year) (Folia 15 1910	I last saw her elive on may 12 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 45Am.
22 2 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importanca were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, BOOKREEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Dato deceased last worked at 11. Total time (years)	Date of onest  Date of onest  Date of onest
10. Dato deceased last worked at this occupation (most end c.1930 spant in this occupation when the control occupation with the control occupa	
12. BIRTHPLACE (city or town) Galo: Md.  (Stata or country)	Other Contributory Causes of importance:
13. NAME Charles I he	
14. BIRTHPLACE (city or town). 9 Community (Stete or country)	What test confirmed diagnosis had X xxxx Y Bar was there an au oney?
15. MAIDEN NAME Barbara 9 aa.	23. If death was due to external causes (VIOL ENCE) fill In also tha following:
16, BIRTHPLACE (city or town). Y emany (State or country)	Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT Mary T. I file (anadmissig (Address) 1188. Mount St. Balto Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place B at 6 Md Date Markey Date	Manner of Injury
19. UNDERTAKER Milli Changer (Address) Thurmy md.	24. Was disease or injury In eny way related to occupation of deceased?
20. FILED Registrar.	(Signed) Late Sanatound M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	_Peritonitis *	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05369
1. PLACE OF DEATH .	12/
County Frederick	Registration Dist. No. 199
Village or City Near Buckey clause	ND. St., Ward
Length of residenca in city or town where death occurredyrs,mos	f death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?mosds  dsmosds
2. FULL NAME MUS. Signie G	Engreia Toluson
(a) Residence: No.	St., Ware.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
Temale Calared OR DIVORCED (write the work)	(Month) (Day) 193 Z (Year)
Sa. If married, widowed, or divorced HUSBAND of Giles & Johnson	22. THEREBY CERTIFY. That I attanded decaasad from
5. DATE OF BIRTH Chonth, day, and year) Way 5. 1866	I last saw h alive on, 19; death is said
AGE Yaars Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular	wera as follows:  Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Discours Survey
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc	
10. Data deceased last worked at this occupation (month and spent in this	
yaar) occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	-
13. NAME Um. A. Jones	
14. BIRTHPLACE (city or town) Maylord	Name of operation Data of
(State of County)	What test confirmed diagnosis?
15. MAIDEN NAME Serveller Leakins	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mandon	Accident, suicida, or homicide?
(State or country)	Where did injury occur? Warren (Specify city or town, county and State)
17, INFORMANT (Address) Pare he ablower mit	Specify whethar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Mannar of Injury
Place Miderick, Mid Data May 2 1932	Nature of injury
19. UNDERTAKER & . N. Dyor (Address) Frederick M. M. D.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 18, 19 32 galfindukin	(Signad) 1. Clyde louisin M. I
Registrar.  If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 4.
If more blanks are needed, address State Registrar,	, 2411 IV. Charles Street, Baltimore, Requesting "U. S. IVo. I.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EURRAU V.R.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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ARGI	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A	mation should be carefully supplied. AGE should be stated	CAUSE OF DEATH in plain terms, so that it may be proper
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	RI	tion	US
e-4	1	ma	CA

N. B.-WRITE

16 50

	CERTIFICATE OF DEATH 05370
1. PLACE OF DEATH	107-0
County Isrderick	Registration Dist. No. / 3 /
Village or City High Knab	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mo	s 9 ds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME SEIZE M Allify	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) Single Married the word)	21. DATE OF DEATH May 14 193 3 2 (Year)
a. If married, widowed, or divorced HUSBANO of	22.   HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	may 5 ,1934 10 may 14 ,1932
5. DATE OF BIRTH (month, day, and yeer) SEA 6 1928	Hast sawh imalive on May 1 1, 1932 death is said
AGE 2 Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above at
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Aichet XI.
Industry or business in which work was done, as SILK MILL,	free free free free free free free free
SAW MILL, BANK, etc	-
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country) Frederick 60	Os rencho O neumonia 2 day
13. NAME Samiel M Beliff	
(State or country) Frederic 013	Neme ef operation Date of
D a d l l · c	What test confirmed diagnosis?
15. MAIOEN NAME (Quilan lolunt)  16. BIRTHPLACE (city er town)	Accident, suicide, or homicide?
(State or country) Fredericks	Where dld injury occur?(Specify city or town, county and State)
17. INFORMANT Margset Slipp (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Doub	Manner of Injury
Plece Date Marf 16, 1932	
19. UNDERTAKER SAllodyll (Address) middletow, sud	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO 13 May 198 2 roce fmoduly	(Signed) Accurrence Fahring M. (Address) Frederick Med.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chranic interstitial nephritis	1921	Run over by street ear	1 week aga
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNDAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastroenteritis	1 year

Se. It maskind widnawed or stirrorred HHSBAND-SI (or) WiFE of Scarces Acetts  6. DATE OF BIRTH (month, dey, and yaer) Color Scarces Acetts  7. AGE Yeers Months Deys if LESS then I day, hrs. or min.  8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sor min.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. 11. Totel tima (yeers) spent in this occupetion (month and year) occupetion.  12. BIRTHPLACE (city or town) Cistate or country)  14. BIRTHPLACE (city or town) Cistate or country)  15. MAIOEN NAME Out Additional State of the following:  16. DATE OF BIRTH (month, dey, and yaer) Color of the date stated above, at the cheve occupation of the date stated above, at the cheve occupation of the date stated above, at the cheve occupation of the example of the date stated above, at the cheve occupation of the date stated above, at the cheve occupation of the date stated above, at the cheve occupation of the date stated above, at the cheve occupation of the event of the date stated above, at the cheve occupation of the event of the eve	7.1	EATH	CERTIFICATE OF DEA	OF MARYLAND-	STATE C	
Village or City Shows the property of the No.  Length of residence in city or town where deeth occurred of street and number of the property of the No.  2. FULL NAME  (a) Residence: No.  (busin place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  6. DATE OF BIRTH (month, dey, and year)  6. DATE OF BIRTH (month, dey, and year)  8. Trede, profession, or perticular kind of work done as SPINNER, which is competion (month and year)  9. Industry or bosiness in which letters are not as a following the work of the point in this poeur in this poeur in this occupetion (State or country)  12. BIRTHPLACE (city or town)  (State or country)  Nema of operation.		(100)	46		OF DEATH	1. PLACE
Village or City Share the Color of the Color		ation Dist. No. 134	Registration	<b></b>	Dedrick	County
Length of residence in city or town whate deeth occurred Jyrs. mos ds: How long in U.S. if of foreign birth? Yrs. mos ds: How long in U.S. if of foreign birth? Yrs. mos ds: How long in U.S. if of foreign birth? Yrs. mos ds: How long in U.S. if of foreign birth? Yrs. mos ds: How long in U.S. if of foreign birth? Yrs. mos ds: How long in U.S. if of foreign birth? If not one in U.S. if of foreign birth? If not one in U.S. if of foreign birth? If not one in U.S. if of foreign birth? If not one in U.S. if of foreign birth? If not one in U.S. if of foreign birth? If not one in U.S. if of foreign birth? If not one in U.S. if of foreign birth? If not one in U.S. if of foreign birth? If not one in U.S. if of foreign bir	Ward	St.,	No	toburg	or City Smanit	Village o
2. FULL NAME  (a) Residence: No.  (Usual place of abode)  St., Wald.  (B nonesident give city or town and State PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED (winte the word)  OR DIVORCED (winte the word)  OR DIVORCED (winte the word)  5. Ill-meetiad, widnawad as divorced Husself (worth)  Husself (worth)  6. DATE OF BIRTH (month, dey, and yaer)  6. DATE OF BIRTH (month, dey, and yaer)  8. Trede, profession, or particular kind of word, done, as SPINNER, or min.  SWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, AULT, and the word was done, as SILK MILL, SIRM, etc.  10. BIRTHPLACE (city or town)  (State or country)  Nems of operation.  West here an autonomy  What test confirmed diegnosis?	de de				f residence in city or town whare o	Length of
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (surite the word)  5. Utmassiad, widowad, or divorced (hor) Wife of (word)  6. DATE OF BIRTH (month, dey, and yaer)  6. DATE OF BIRTH (month, dey, and yaer)  7. AGE  Yeers  Months  1 day.  1 da			Nooit-	Track Maria	9. 1	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("our ite the wort)  Se. Ill meetad, windowed, or divorced HUSSAND ("or) Wife of "Or Wife of "O			Si was	cora monde		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5e. Itt merciad, widowed for divorced HVSSAND-11  6. DATE OF BIRTH (month, dey, and yser)  7. AGE Yeers Months Deys If LESS then 1 day,hrs. ofmin.  8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which socupetion (month and yser)  10. Bate deceased last worked at this occupetion (month and yser)  11. Total tims (yeers) spent in this occupetion (month and yser)  12. BIRTHPLACE (city or town) (State or country)  What tast confirmed diegnosis?  Wes there an autonsy  What tast confirmed diegnosis?  Wes there an autonsy		esident give city or town and State	If nonresiden	(Usual place of abode)	idence, No.	(a) hesi
OR DIVORCED (write the word)  5e. It meseriad, widowed, or simpreed (Month) (Day)  5e. It meseriad, widowed, or simpreed (Part of the Search o		ATE OF DEATH	MEDICAL CERTIFICATE	ICAL PARTICULARS	ONAL AND STATIST	
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8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Bate deceased last worked at this occupetion (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  Nema of oparation  Nema of oparation  What tast confirmed diegnosis?  Westhere an autonsy		12-10 Pm.			Yeers Months	7. AGE
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12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  14. BIRTHPLACE (city or town) (State or country)  What tast confirmed diagnosis?  Westhere an autonsy	· · · · · ·			mey Home	k was done, as SIŁK MILL.	9. Industry work SAW
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  Nems of oparation.  Deta of (State or country)  What tast confirmed diagnosis?  We sthere an autonsy				spent in this	occupetion (month and	
13. NAME 10. 6. Nema of operation. Deta of (State or country)  Nema of operation. What tast confirmed diagnosis? Westhere an autopsy		4571	, ,	wall Bo		
(State of country) What tast confirmed diegnosis? Wes there an autopsy			20177401	Knop Mill	Leo. E.	1
(State of country) What tast confirmed diegnosis? Wes there an autopsy		Deta of	Nema of oparation			4 14. BIRTHPL
15. MAIOEN NAME Y V OV WA COLLEGE Fill in also the following:	?	Wes there an autopsy?	What tast confirmed diegnosis?	01000	- L	(State
				Calleburger	NAME Y V COULD	15. MAIOEN
O 16. BIRTHPLACE (city or town) Date of Injury	9	Date of Injury, 19		me.		O 16. BIRTHPL.
Where did injury occur?  (Specify city or town, county and State)  Spacity whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address)		city or town, county and State) In HOME, or in PUBLIC PLACE.	(Specify city or	o Kreitz	y Francis	17. INFORMANT
18. BURIAL, CREMATION, OR REMOVAL  Mennar of injury  Mennar of injury				Date May > 7 1932		18. BURIAL, CREA
19. UNOERTAKER (Address)  Nature of injury  24. Was disease or Injury In any wey ralated to occupation of deceased?  If so, specify		occupation of deceased?	24. Was disease or Injury In any wey ralated to occup	48m	No. of the second	19. UNOERTAKER
20. FILED Inay Z (6, 19 3 2 Mel Shuff (Signed) (Signed) Commission of Mel Shuff (Address) Commission of Mel Shuff (Mel Signed) Commission of Mel Shuff (Address) Commission of Mel Shuff (Mel Signed) (Signed) Commission of Mel Shuff (Mel Signed) (Signed) Commission of Mel Shuff (Mel Signed) (Signed) (	M. D.	into beg, m	(Signed) Gracke	M. To Shuff		20. FILED. Zn

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ADDITIONAL SPACE FOR FUR	THER STATEMENTS	BY	PHYSICIAN
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Example I		Example II	
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Arteriosclerosis CEIVER	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 3 1029	July 5, 1927	Peritonitis	3 days ago
BULL AT VE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County Hrederick County  Village Dr City Potential River  Length of residence in city or town where death occurred yrs.	Registration Dist. No
2. FULL NAME William H. Zar  (a) Residence: No. Brunswick mu  (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Your Death (Park)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dena Va Appell	22. I HEREBY CERTIFY, Thei I ethanded decessed
6. DATE OF BIRTH (month, day, end yeer) Sec 17 1898	That saw ham are on green 7, 1932; deeth
7. AGE Years Months Days If LESS than 1 deyh	te have securred on the date stated above, at m.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEFPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 1D. Date deceased lest worked at 11. Total time (years)	Rever in Hlood will descending in his boat
ID. Date deceased lest worked at this occupetion (month and spent in this occupation occ	from Harry to Brunning
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
13. NAME Um H Jancasta &	
13. NAME 11 Jancaola & 14. BIRTHPLACE (city or town) 14. State or country)	Neme of operation Date of What test confirmed diegnosis? Was there an autopsy?
15. MAIOEN NAME Cancis & Willshire 16. BIRTHPLACE (city or town) - Ag / JAA	23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
17. INFORMANT My Dena V. Lancasty  (Address) Branch md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place of Archiews this area. Date. June 8., 193.	Manner of injury
19. UNDERTAKER (Address)	24. Was disease or Injury in any way related to occupation of decessed?  If so, specify  (Signed) Shermany & Bowers 9,
20. FILED June 7 , 1982 Mrs. N. S. Hedreso	(Signed) - Kurwally & Journe

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street ear 1921 1 week ago Cercbral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL CDACE BOD BUDTHED STATEMENTS DV DIVSTOLAN

ADDITIONAL STACE FOR FURTHER STATEMENTS BY THISICIAN			

RECORD. Every item of inforshould state Exact statement of OCCUPA-PHYSICIANS stated EXACTLY. properly classified. FITH UNFADING INK-THIS IS A PERMANEN See instructions on back of certificate. be AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. B.—WRITE PLAINLY, ż

OCCUPATION

MOTHER FATHER

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<b>a</b> )
County Frederick	Registration Dist. No. 138
Village or City Drew Valley	No.
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where daeth occurradyrsOmos	ds. How long in U. S. il ol foralgn birth?
2. FULL NAME Munamed	Lawson
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MALL 20
mul sugle	(Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I attended daceased from
(or) WIFE of	, 19, to
6. DATE OF BIRTH (month, day, and yaer)	I last saw h aliva on
7. AGE Yaers Months Days If LESS than	to have occurred on the date steted above, at
Acc O O 1 dey, Chrs.	The PRINCIPAL CAUSE OF DEATH and ralated ceuses of importance were as follows:
9 Trade profession or particular	fremature Infant Date of onset
kind of work done, as SPINNER, NOW.	hom dead at 9 4m,
Industry or business in which work was done, as SILK MILL.	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oata daceased last worked at this occupation (month and	
O 10. Oata dacaesed last worked at this occupation (month and year)	
The same occupents	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town)  (State or country)  The BO, Med.	
E Mario L. D. Mario	
(State or country)	Rame of operation Date ol
	What test confirmed diagnosis? Was thera an autopsy?
E CYL J Ba Cu	23. II death wes due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) The d. Do., Maryland (State or country)	Accident, suicida, or homicida?
6 0 P. wh	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Here Warket Ind	Specily whethar injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMDVAL	Manner ol injury
horacoburging ground, Date May 21, 1952	Natura of injury.
1 de Filancia	The state of the s
19. UNOERTAKER W. S. TULEOULE (Address) Will Market Was	24. Was disease or injury in any way related to occupation of decaasad?
	(Signad) Ernect P, Royap MD
20. FILED May 31, 19.32 Linear IV. Franco	(Address) Hew Warter tud
If more blanks are needed address State Persiana	N. Chada Start Baltima Barrett St. C. M.

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		100	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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NoSt.,Wa  If death occurred in a hospital or institution, give its NAME instead of street and number)  osds. How long in U.S. if of foreign birth?mos
St Ward.
St., Ward.  If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH May 28 (Month) (Day) (Yaar)
22. Mee 1 HEREBY CERTIFY, That I attended deceased for
I last saw A alive on May 27 1922; death is so
to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware a follows:  Oats of one
Coc bear Newworky
Other Contributary Causes of importance:
Nama of operation Date of What test confirmed diagnosis? Was there an eutopsy?
23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide?
(Specify city or town, county and State) Spacify whethar injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Manner of injury
24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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ADDITIONAL S	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH plnods Registration Dist. No. item Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) RECORD, Every S. If of foreign birth? .....vrs. statement PHYSICIAN (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) classified 5a. If married, widowed, or divorced HUSBANO of 22. (or) WIFE of 1852 B certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than proper Months Days 1 day, -----hrs. 6 or .....min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... he Jo may back Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Date deceased last worked et 11/Total time (years) this occupation (month end spent in this that occupetion .... instructions 12. BIRTHPLACE (city or town) (State or country) terms, FATHER 13. NAME See plain 14. BIRTHPLACE (city or town) Name of operation\_\_\_\_. (State or country) carefully What test confirmed diagnosis? MOTHER important. 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following Ξ Accident, sulcide, or homicide?. 16. BIRTHPLACE (city or town) (State or country) should be Where did injury occur? ... (Specify city or town, county and State) DE, Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE very 17. INFORMANT OF (Address) WRITE Manner of injury CAUSE mation MOIL Neture of injury. 24. Wes disease or Injury In any wey releted to occupation of deceased? 19. UNOERTAKER (Address) (Address) \_\_ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Thet I attended deceased from

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1-2.3			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

( w	÷ to	PLACE OF DEATH	STATE OF MARYLAND
[8]	HYSI. Exact	7 1	CERTIFICATE OF DEATH
	0	County/redested	136
	ed.	10	Registration Dist. No
(	CTLY, ssiffed		) (II ) (II ) at a support to
9	500	Village or City (No	St.; Ward) (If death occurred in a hospital or Institu-
(	EXACTI EXACTI Iy classi loate.		tion, give its NAME instead of street and
L		2 FULL NAME TERUM LENO	US Miller number.)
	tated roper		MEDICAL CERTIFICATE OF REATH
	stated proper f certif	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	000	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
	ld be	Man ha Int I willowed with	(Month) (Day) (Tent
10 6	may n bac	Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
Z	should it may on bac	6 DATE OF BIRTH	5-10 192 8 to 5-16 ,192.
0	· · · · · · · ·	f. all	5-16
BIN	ACE that tlons	1869	that I last saw handlive on
m	plied ACE ms so that instruction	(Month) (Day) (Year)	and that death occurred on the date stated above, at
02 5	Eru sa	If LESS than	The CAOSE OF DEATH I was as follows:
0	nst nst	6.3 th 1 dayhrs.	to be a sic Mustaclet
1	2 - 0		
03	See	(a) Trade, profession or	
> -		particular kind of work Cornel	
2	efully plain tant.	(b) General nature of industry	(Darratiop) . S yrs mos de
SE	- LCL	business, or establishment in which employed or (employer).	Mail
E C	oxe	9 BIRTHPLACE	Contributory
OC :	- Da -	(State or country)	(Duration) was most Kid
Z	DE	LIO NAME OF C.	- Heldrideens
S.	F	FATHER A LA LA	(Sign M. L
MAR	1 40 S	9 H BIRTHPLACE	V-17 192 2 LANGERIE 16 CCH Town
Σ	S 500	OF FATHER	*State the Disease Causing Death, in deaths Violent Causes, state (1) Means of Injury; and (2) whether
	AL	(State or country)  (State or country)  (State or country)	Accidental, Suicidal or Homicidal.
	50 d	V OF MOTHER MAN AF U	18 LENGTH OF RESIDENCE (For Rospitals, Institutions, Trans
	Z/525.	a ///assha Deadle	lents, or Recent Residents)
	Cata	13 BIRTHPLACE OF MOTHER	At place of death yrs. mos. da. State, yrs. mos. de.
	100	(State or country)	Where was discuss contracted
	- 00	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
1	Share of the	Untoman Rolling Muller	Former or usual residence
1	- o E	(Informant) of a party of the state of the s	19 PLACE OF BURIAL OR REMOVAL TATE OF BURIAL
	Every CIAN stater	(Address) Lauf DO.	1. n. o 1- igg 1/2- 112
. 1	Ever CIAI state	15	UB Convictery munat & May
Ž.	1	Filed May /8 1922 Of Stem	20 UNDERTAKER ADDRESS
U.	7.7	Registrar	William & horages Thumands
ン	21)	If more blanks and needed address State Destature	16 W. Saratoga St., Palto., Requesting V. S. No. 1
		of more course are money aunices come negligital.	The same second to second water the same second as a second as a second as

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook ployed, as Al school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons enwork, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces the first line will be sufficient, e. g., Farmer or Planter, Housemaid, etc. (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary faremen, etc. Physician, Compositor. Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or without more precise specification as Day If the occupation has been changed As examples: (a) But in many The questerm on

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonla,"

> head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the as protably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age." "Shock," symptomatic), "Atrophy." "Collapse," ment of eause of death approved by Committee ture of the injury, as fracture of skull, and conse-"PUERPERAL septicaemia." "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as "Dropsy," "Dehaustich." "Heart failure." conditions. ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles inges, perilonarum, etc.. Carcinoma, Sarcoma, etc.. of Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: taken. State cause for which surgical operation was under-"Uraemia," "Weaknes:." etc., when a definite disease vulsions." (secondary or interearrent) affection need not be Chronic interstitial nephrilis, etc. The contributory" use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), cough; Accidental drowning; Struck by railway such as "Asthenia." Chronic valvulur heart discase; (Recommendations on state-"Anaemia" "Coma," "Haemor-Mousies; (merely (second-(disease "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE C	F MARYLAND-	CERTIFICATE OF DEATH	05378
1. PLACE OF DEATH		82-2	10
County + rederich	<b> </b>	Registration Dist. No	138
Village or City Samu	wille	No.	St., Ward
Langth of residence in city or town where d		f death occurred in a hospital or institution, give its NAME instead of the day of the d	
0	ie Mussettes		1
2. FULL NAME Jenn	a //www.		
(a) Residence: No.	(Usual place of abode)	St., Ward.	or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
Female White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH ay 24	(Year)
5a. If married, widowad, or divorcad HUSBAND of	· Marigne		
(or) WIFE of		22. HEREBY CERTIFY, That	l attended decaased from
C DATE OF BIRTH (mostly day and use)		I last saw her aliva on may 2//	19.3 2 death is seid
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months	Days If LESS than	to have occurred on the data stated above, at 2.30 Pm.	, 15-2, daarii 15 said
about 80	1 day,hrs,	The PRINCIPAL CAUSE OF DEATH end related causes of impowere as follows:	
8 Trade profession or particular	. 0 .	artino - cluveix	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	ouse peeper		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	hand		***********
O 10. Date decaased last worked at	11. Total time (yaars) spent in this	-	
this occupation (month and year)	spent in this occupation		
12. BIRTHPLACE (city or town)	msville	Other Camtributory Causes of importance:	April 26,
(Stata or country)	Maryland		1932
13. NAME John Muss	etter		
		Name of operation	- Date of
(State or country)	rypand	What tast confirmed diagnosis? Wa	as thera an autopsy?
15. MAIDEN NAME Martha	mussetter	23. if death was due to external causes (VIOLENCE) fill in also t	
16. BIRTHPLACE (city or town)	onegonery Cs.	Accidant, suicide, or homicide? Dete of in	jury, 19
Offen Din	77 (D. al)	Where did injury occur?  (Specify city or town, co	inty and State)
17. INFORMANT / CANY ( .   Use (Address)	seller revenes	Specify whather injury occurred in INDUSTRY, in HOME, or In	PUBLIC PLACE.
18. BURIAL, CREMATION, ON REMOVAL	om al	Mannar of injury	
Pieca leur Market	Date / Bay 26 , 1982	Natura of injury	
19. UNDERTAKER JK. E. Frank	coner	24. Was disease or injury in any way related to occupation of d	eceesed?
(Addrass) New Man	het mg	If so, spacify	,
20. FILED May 25, 1932 Luc	ian K. Falconer	(Signed) when P	M. D.
	Registrar.	(Address) Www Market	- mg_1

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy /	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1916  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

98.1	Epunty Inedeach	Registration Dist. No. / 3	1-
	Village or City & alderich	No. 214 F. Third St.	War
	Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and ds. How long In U.S. if of foreign birth?	
2	FULL NAME Clementine a M	402	
	(a) Residence: No. 214 East Third ST	eest Ward.	
And the second	(Usual place of abode)	If nonresident give city or town and	l State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)	, 193 (Year)
5a.	If metriced, widowed, or divorced	22 A LIEDERY CERTIES TWO LINES	4 - 11 - 14 - 5 -
	(OF) WIFE OF Edun (, Muss	1 HEREBY CERTIFY That I attended	17
6 F	ATE OF BIRTH (month, day, end year) Sele 76 1852	Tlast saw har blive on May 12 of 1937	
7. A	GE Years Months Days If LESS than	to heve occurred on the date steted above, at 22 Pm.	
	79 7 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of ons
z	8. Trade, profession, or particuler kind of work done, as SPINNER, Hongrey Wife SAWYER, BDDKKEEPER, etc	Dialet	- mg
	SAWYER, BDDKKEEPER, etc	O laveles	histor
UPA	work wes done, es SILK MILL, Orun 26 sme		-
OCCUPATION	10. Date deceased last worked et Oct   11. Total time (years)		
	this occupation (month and 1931 spant in this occupation 57	Other Contributory Causes of Importance:	-
12.	BIRTHPLACE (city or town) Irre deuch	arterio scleroses	huor
_	(State or country) Mary land		1920
HER	13. NAME Danneel Bopst		
FAT	14. BIRTHPLACE (city or town) Frederich 60	Neme of operation Dete of	
~	(State or country) Maryland	Whet test confirmed diagnosis?	aulopsy?
MOTHER	15. MAIDEN NAME Sofilia Stokes	23. If death was due to external causes (WOLENCE) fill in elso the followin	g:
9	16. BIRTHPLACE (city or town) Frederick 60 (State or country) Manual and	Accident, suicido, or homicide? Date of Injury	19
	OTP ALL P AT.	Where did Injury occur?  (Specify city of town, county and Sta	le)
17.	(Address) 2/4 East Third ast	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PI	.ACŁ.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	Plece Not: Olivet Det May 15, 1932	Nature of injury	
19.	UNDERTAKER Thomas T. Thice. (Address), Frederich Med.	24. Was disease or injury in any wey releted to occupation of deceased?	700
	FILED Y-May, 198 2 oraf meany	(Signed) // Leaw tho has	cy M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arleriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nophritis JUN 4 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

PIIYSICIANS should state

Exact statement of OCCUPA-

N. B.

# STATE OF MARYLAND—CERTIFICATE OF DEATH 115380

1. PLACE OF DEATH	
County Trederiels	Registration Dist. No. 134
Village or City English to S	A was all the second
	f death occurred in a hospital or institution give its NAME instead of street and number)
Length of residence in city or town where death occurred 40 yrs	sds. How long in U.S. If of levelgn birth?yrsmosds.
2. FULL NAME Gotherine O'Con	non (Ar. anostosia)
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	116ay 20 1 102 2
5a, If married, widowed, or divorced	(MonM) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decoased from
6. DATE OF BIRTH (month, day, and year) See. 24-1841	1 last saw her alive on 20 1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 15 cm.
90 5 29 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade protession or particular	were adollows: Date of one of
SAWYER, BOOKKEEPER, etc. Dester of Charite	Chronie aferio Salarona 1920
kind of work done, as SPINNER. Sector of Character SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	A.C.
work was done, as SILK MILL, Religious  Note of the state	
Do Date deceased last worked at this occupation (moath and )   11. Total time (years) spant in this occupation (moath and )   11. Total time (years) spant in this occupation occupation.	
your year occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	flage.
	-
13. NAME Sacrel O' Cours  14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
al	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Wargaret Coleuro  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDL ENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury
(State of Country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT A. Kunand and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Emulalingles Date 5/25, 1932	Nature of injury
19. UNDERTAKER U. J. Shife D.	24. Was disease or injury in any way related to occupation of deceased?
(Address) funtable und	If so, specify
20. FILED May 24, 19. 32 M. F. Shuff	(Signed) Morres as Build M.D.
20. FILED THE G. 19. 04 FOCOL Registrar.	(Address) Thurmbut - Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2 ż

FOR BINDING

(Address)

92-00			
	Registration	Dist. No.	38
NO eath occurred in a hospital or instit ds. How tong In U.S. if			
St., Ward.	If nonresiden	t give city or tow	n and State
MEDICAL C	ERTIFICATI	E OF DEAT	Н
21. DATE OF DEATH	May (Mond)	(Dey)	, 193 2 (Yeer)
22. ALLEREB  I last saw h. im. alive on.  to heve occurred on the dete state	may 8	Thet I ette the stay of the st	nded deceesed from 19 3 2 32; death is seld
The PRINCIPAL CAUSE OF DEA were es follows:  Chronic Influença	1	ses of importance	Pate of onset 1925 April 20 1932
Other Centributery Causes of inn	portance: Lie	Hever	1923
Neme of operation		Date	
23. If deeth wes due to externel ce			
Accident, suicide, or homicide?			•
Where did injury occur? Specify whether injury occurred	(Specify city o In INDUSTRY, in H	r town, county an OME, or In PUBLI	d State) C PLACE.
Manner of injury			
24. Wes diseese or injury in any	way releted to occur	petion of deceese	or No
If so, specify	meet	P. R.	op M. D

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

If LESS than

or .... min.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		ASVINCE.	- 4
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	4		

S. No. 1

### STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH County Tre Registration Dist. No. item (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where deeth occurred. How long in U.S. If of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. statement PHYSICIAN (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) wanes classified. 5a. If married, widowed, or divorced HUSBANO of ERTIFY, That i ettended deceased from (or) WIFE of 1853 certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months Oavs If LESS than to have occurred on the date stated above, at 1 day ....hrs or\_\_\_\_min. 8. Trade, profession, or perticular OCCUPATION kind of work done, as SPINNER, jo SAWYER, BOOKKEEPER, etc. may back ndustry or business in which work was done, as SILK MILL SAW MILL, BANK, etc ... on 10. Oate deceased last worked et 11. Total time (years) this occupation (month end spent in this 5 that instructions 12. BIRTHPLACE (city or town) (Stete or country) plain terms. FATHER I3. NAME See 14. BIRTHPLACE (city or town) (State or country) MOTHER important. 15. MAIDEN NAME 23. If death wes due to externat causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?\_\_\_\_\_ DEATH 16. BIRTHPLACE (city or town) (State or country) Where dld Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT plnods OF (Address) 18. BURIAL, CREMATION, OR REMOVAL -WRITE Menner of injury CAUSE TION Neture of injury 24. Was disease or injury in any way related to occupation of deceesed?. 19. UNOERTAKER (Address) If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) .....

Registrar.

134

Oate of onset

1925

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Example I		Example II	
The principal cause of death and related of importance were as follows:	d causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JUN 3 193	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Land Landson			
Other contributory causes of importance	e:	Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

1. PLACE OF DEATH	AND—CERTIFICATE OF DEATH U5383
County Frederick	Registration Dist. No. 182
Village or City Burkelleville	NoSt Wa
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where daath occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Clara Landa	Vfeifer
(a) Residence: No. (Usual place of abod	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	
SEX 4. COLOR OR RACE S. SINGLE, MARRIED, V	VIDDWED. 21. DATE OF DEATH
emale White Broce	the word) 193_2
. If marriad, widowed, or divorcad	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That i attended deceased f
N 22 /9	52   i last saw h   alive on   19   death is
Ditte of Biltin (month, day, and jear)	12 (13
	LESS than to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.	of test on orvers &
	Tree and dens
9. Influstry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
Spellt III till	The state of the state of
year) occupation	Dthar Contributory Causes of importance:
2. BIRTHPLACE (city or town) Sunkellewill	
(State or country) Bredwick Cy mil	
13. NAME Casper Pfeifer	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Clara Hoffman	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicida, or homicide? Data of injury, 19
1 (State of Country)	Where did injury occur? (Specify city or town, county and State)
(Address) Burkettaville	Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dunkellentle Date Many 1	Nature of injury
UNDERTAKER CANTOZZEZ VOLL	24. Was diseasa or injury In any way ralated to occupation of daceasad?
(Address) Burnswick Mod	If so, specify.
D. FILED 17/24/3, 1932 ) To The one one	(Signed) Low VV CO
The state of the s	Registrar. (Addrass) / 7 Curu & With

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Example I			Example II	
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Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	- CEINE	3 days ago
			La constant	
Other contributory causes of importance:		Other contributory ca	uses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDIN

FOR

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of importance were as follows:  Arteriosclerosis  Of importance were as follows:  Attack of epilepsy  Chronic interstitial nephritis  1921  Run over by street car  1 w	Example I	न्त	Example II	
Chronic interstitial nephritis  Cerebral hemorrhage  1915 Attack of epitepsy  1 w  1921 Run over by street car  1 w  2 d  3 d  4 d	ne principal cause of death and related causes importance were as follows:	Date of onset		Date of onset
Cerebral hemorrhage  BU X . B . July 5,1927 Peritonitis  3 de	rteriosclerosis JUN 1 1932	1915	Attack of epilepsy	1 week ago
		1921	Run over by street car	1 week ago
	rebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Other contributory causes of importance:				
	ther contributory causes of importance:		Other contributory causes of importance:	
Gallstones May 1,1923 Gastroenteritis 1	allstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF DEATH		<u> </u>	11	
County trede	auc	Registration Dist. No.	<del>/</del>	
Village or City / 5)	us were	NoSt.,	Ward	
Length of residence in city or town when		f death occurred in a hospital or institution, give its NAME instead of street and		
2. FULL NAME STOR	/ / /	emoldal		
(a) Residence: No.	( ) \	St., Ward.		
	(Usual place of abode)	If nonresident give city or town and	d State	
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OF RACE While	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH may 2/ (Month) (Day)	, 193 (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		I HEREBY CERTIFY, That I attended	deceased from	
6. DATE OF BIRTH (month, day, and year)	reg 9/ /939_	I last saw h alive on 19	: death is sai	
7. AGE Years Months	Days if LESS than 1 day,hrs.	to have occurred on the date stated above, atm, The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8. Trade, profession, or particular	ormin.	West State Girls	Oate of onse	
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.		Placento-Prairie		
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc				
	11. Total time (years) spent in this			
year)	occupation	Dther Contributory Causes of importance:		
12. BIRTHPLACE (city or town)(State or country)	m satelc			
II 13. NAME SEO. C. R	ey nolds			
13. NAME Sec. (C. 14. BIRTHPLACE (city or town)	6	Name of operation Date of		
(State of country)	a. of	What test confirmed diagnosis? Was there an	autopsy?	
15. MAIDEN NAME MANUE	· M Duy	23. If death was due to external causes (VIOLENCE) fill in also the following	g:	
16. BIRTHPLACE (city or town)	<u> </u>	Accident, suicide, or homicide? Date of injury	, 19	
(State or country)	3 (1)	Where did Injury occur? (Specify city or town, county and Sta	te)	
17. INFORMANT Autor (Address)	in veg reas	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR DEMOVAL	2- Date May 12 1982	Manner of injury		
Place Samplu Man.	Date	Nature of injury		
19. UNDERTAKER C. T.	lely of sign	24. Was disease or injury in any way related to occupation of deceased?		
(Address) Brunal	un mg	If so, specify (Signed) (Signed)		
20. FILED May 21., 1932 M	Registrar.	(Address)		
If mo	e blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset		l cause of death and related causes e were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epile	psy S 11 F 2 T 2 G	1 week ago
Chronic interstitial nephritis	1921	Run over by str		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	1 20M 3 1935	3 days ago
			DBAIRDEN	
Other contributory causes of importance:		Other contrib	outory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mati

STATE OF MARYLAND-	CERTIFICATE OF DEATH 05385
1. PLACE OF DEATH ,	95-8
County Friderich	Registration Dist. No. 14/
Village or City Brunewich	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Zamma Jame Roede	
(a) Residence: No. 5/7 % Orbinae (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Mogath)  (Day)  (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of A H Rveder	22. I HEREBY CERTIFY. That I attended deceased from man class 2 1932, to many 4 1932
6. DATE OF BIRTH (month, day, end yeer) Son 15 1867	I last saw har alive on 7000 8 193 2 deeth is seld
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above at 23 L. A.m.
65 3 24 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence
8 Trade profession or particular	Date of one et
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked et this occupation (month and the second in this countain of month and the second in the seco	Chronic Cardio Valyater Desert
11. Total time (years) this occupation (month and year)  11. Total time (years) spent in this occupation	44
12. BIRTHPLACE (city or town) Manuelowo 110	Other Contributory Causes of importence:
(State or country)	
13. NAME Opporate House	
14. BIRTHPLACE (city or town) (State or country)	Neme ol operation
	What test confirmed diagnosis?
<u> </u>	23. If death wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT MID Katie Oaske	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner ol injury
Place Park Highto Date Mary 11 , 193?	Neture of Injury
19. UNDERTAKER CAPAZZTZ + BUC	24. Was disease or Injury in any wey releted to occupation ol deceesed?
20. FILED May 10, 1932 Mrs. H. S. Hadres	(Signed) D. D.
Regist/ar.	(Address) Prunswith mo

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		NA PROBLEM	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	CERTIFICATE OF DEATH 05386
1. PLACE OF DEATH	127
County Tredrick	Registration Dist. No.
Village or City Athasalle	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	s. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Mrs Sarah E. Saylo	4
(a) Residence: No. Q. Umon Bulled	√Q.St., Ward.
(Usual place of abode)	ALL St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Cary - 1611 (Year)
5a. If married, widowad, or diversed	(101)
(or) WIFE of John Haylor	1 HEREBY CERTIFY. Thet I ettended decessed from
No 8 1840	i last saw h 21 alive on May - 16 , 1932; death is sald
6. DATE OF BIRTIF (month, dey, and yeer) 7. AGE Years Months Deys If LESS then	to have occurred on the date steted above, st. 10.20 pm.
8 5 - 7   1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence
9 Trade profession or portionles	were es follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Dete decessed lest worked et this occupation (month end	( Dog Theumonia) May -1
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc.	
Spellf I II fill 2	
yeer) occupation	Other Contributory Causes of Importance:
12. BfRTHPLACE (city or town)	
(State or country)	Vanukleg coo 57/10
13. NAME MODES TEIL	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of
« l +ta. '	What test confirmed diegnosis? Was there an eutopsy?
16. BIRTHPLACE (city or town)	23. If death was due to externel ceuses (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MAS KOY Soul Bullet THE	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Berl Dan Date May 20, 1932.	
Care I	rature of injuly
19. UNDERTAKER (Address)	24. Wes diseese or injury in any way related to occupation of deceesed?
May 18 22 XV Da-1	(Signed) Otto AJ, Stone
20. FILESCOTT Registrar.	(Address) Alberty town, Ind.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

20. FILED 17- Lucay, 19 3 2 bra

			F MAR	YLAND	CERTIF		OF DEATH	053	87
1.	PLACE OF	Frede	· P	_	- C-	— (92·a)		121	
	County	1 real	uch,		N. S.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Registration Dist. No	121=	<del>-</del>
	Village or Ci	ty	desth occurred		death occurred in		tution, give its NAME instead of foreign birth?yrs		
		WE William F					. or 10101811 211111111111111111111111111111	1	
2.		E 43 TO	Second St						
	(a) Residence	e: No.	(Usual place		St.,	Ward.	If nonresident give city	or town and Sta	tc
	PERSON	AL AND STATIST	ICAL PARTI	CULARS		MEDICAL C	CERTIFICATE OF	EATH	
3. SE	x le	4. COLOR OR RACE White		RIED, WIOOWED, D (write the word)	21. DATE	OF DEATH	May 16,	, 19	93_ 2 (Yaar)
5a. 11	married, widowe		,					•	
	HUSBAND of (or) WIFE of	Anna Mary H	ooper.				Y CERTIFY The	l ettandad deg	eased from
			1 3 5 3	ore			71/20 /16 May 164	7.1	, 19.0
6. DA		1	et. 15, 1	U53	-	alive on	1005	(, 195 ); de	ealh is said
r. At		Months 7	Oays	1 day,hrs.		ed on the data ste	ATH end releted causes of imp	ortanca	
-			1 7	ormin.	were es follow				ate of onset
OCCUPATION	SAWYER,  Industry or b work was	sion, or perticular ork done, es SPINNER, BOOKKEEPER, etc	ndertaker	& Embalme	an	lu car	illiae dilla	etalus	5-16-32
000	Dete deceese this occup		11. Total t spa occi	ime (yeers) nt in this upation					
12. E	SIRTHPLACE (city (State or count	y or town) Freder	ick.		Other Cautrib	utory Causes of Im	portence:	7	
IER		cob J. Schmi	dt.		mi	tral	Reguegita	tion	
FATHER	14. BIRTHPLACE (State or	(city or town) Bava:	ria.		Neme of opere		W	Date of	neu?
ER .	15. MAIDEN NAM	ME Catherine W	alters.				euses (VIOLENCE) fill in elso		psy:
MOTHER	16. BIRTHPLACE (State or		ria.		Accident, suic	ide, or homicide?	Dete of ir		_, 19
17. 1		acob F. Schmi Frederick, M				er Injury occurred	(Specify city or town, co in INOUSTRY, In HOME, or In	unty and State) PUBLIC PLACE	
18. B		ON, OR REMOVAL			Menner of inju	ury			
	Place Dit.	Olivet Cemete	ryDate Maj	7. 18, 19. 32	Neture of inju				
19. U	NOERTAKER	M. R. Etchisc	n & Son.		24. Was disease	e or injury in any	wey related to occupation of o	leceesed?	0.

Registfar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street cur	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BULLATI A S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

3	-	5		
MARGIN RESERVED FOR BINDING	EN	A mation should be carefully supplied. AGE should be stated EXACTLY	CAUSE OF DEATH in plain terms, so that it may be properly classified.	
O	3	CC	SSif	
Z	R.M.	N	cla	
BI	PE		ly.	ite.
23	4	ed.	per	fic2
F <sub>0</sub>	S	stat	orc	erti
0	202	و	e	TION is very important. See instructions on back of certificate.
回	Inquit Innui	d h	y b	K O
RV	T	oluc	ma	Jac
E	K	she	1	l u
É	-	E	lat	S
PG .	NG	A	th	ion
Z	I	ri	, sc	nct
RG	1	lie	ms	Str
A	5	ddn	ter	e ir
2	H	U)	ain	Se
- 34	H	ully	pl	
4		ref	in	tan
	LY	ca	TH	por
	Z	be	EA	im
	LA	plu	Q,	L
	P4	ho	OI	Ye
	IL	n	SE	is
	VR	atio	TI	0
0, 1	1	m	C	E
Z	2	7	1	
V. S. No. 1	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT	1	1	

te t	STATE OF MARYLAND—	CERTIFICATE OF DEATH 05388
infor- state UPA-	1. PLACE OF DEATH	
	County Trederick	Registration Dist. No. 131=
Every item of CIANS should ement of OCC	Village or City M ruteru Hospital (1)	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
T S T	Length of residence In city or town where death occurredyrsmos	,
CORD. Every PHYSICIANS ct statement	2. FULL NAME Mrs Sarah Shilling	.4
	(a) Residence: No. The denick Md.	St., Ward.
ECORD. PHYSI Kact stat	(Usual place of abode)	If nonresident give city or town and State
RECO PII	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A P. G	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (particular word) Warry	21. DATE OF DEATH  May  (Month) Y  (Oay)  (Year)
IDING HANEN A C T I	5a. If married, widowed, or divorced husband of Cor) WHE of Spilling	22. I HEREBY CERTIFY. That I attended deceased from May 16, 1932, to Way 20, 1932
ENE .	6. DATE OF BIRTH (month, day, and year) 1848	Hast saw her alive on Way 20 1932; death is said
PE PE da E cate	7. AGE Years Months Oays If LESS than	to have occurred on the data stated above, at 7, 3 0 Q, m.
FOR B. IS A PE stated E properly certificate	84 2 18 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 00 -	8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	
ERVE VK—T should it may it may n back	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Data deceased last worked at this occupation (wonth and	Chris myrealitie
INI INI INI I sh	10. Data deceased last worked at this occupation (month and year) . Way 16 1928 18 0ccupation . 25	
	12. BIRTHPLACE (city or town). New Marlot, Md.	Other Contributory Causes of importance:
ARGIN UNFADI upplied. terms, so	(State or country)	
AR INF ppli ppli ern ins	13. NAME Benjamin Butler	
M. H. U. su in the See	13. NAME Benjamin Butler  14. BIRTHPLACE (city or town) Waryl and	Nama of operation
Tilly and it	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
Y, WIY carefull 'H in p	E 50.0	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
INLY, We be careful EATH in important	16. BIRTHPLACE (city or town) (Stata or country)	Where did Injury occur?
PLAINLY, hould be car OF DEATH very import	17. INFORMANT James, a Jones Supt (Address) Wording Hope, Fred Kind.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
E S E	18. BURIAL, CREMATION, OF REMOVA	Manner of injury
1 -WRITE mation s CAUSE TION is	Place Junt full and Oate May & J., 1932	Naturo of Injury
.—WRIT mation CAUS	19. UNDERTAKER THE M. GWYSCE (Address) Mit Buris.	24. Was disease or Injury In any way related to occupation of deceased?
N. S. N.	20. FILEO 23 luay, 193 2 maj medust	(Signed) 1003 have my 0.
•	1	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between refail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	4 1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUARAU VIB				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATI	EMENTS BY	PHYSICIAN
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N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact exact of OCCIDATION is vary important. See instructions on back of certificate. G ENT RECORD MARGIN RESERVED FOR BINDING WRITE PLAINE, WITH UNFADING INK--THIS IS A PERM

V. S. No. 1

PLACE OF DEATH	U5389 STATE OF MARYLAND
County Inderces	CERTIFICATE OF DEATH
near MI	Registration Dist. No. 13
Village or City Vibrily town (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH May - 27, 19832  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h Ev alive on May - 26", 1923 2
7 AGE    If LESS the   day hr   hr   hr   hr   hr   hr   hr   hr	s. The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in	(Duration) yrs. mos ds
which employed or (employer)  9 BIRTHPLACE (State or country)  Md	Contributory Secondary  (Duration)  yrs mos de
10 NAME OF Clayeth Walty	(Signed). OF 13, Stone M. D. M. D. M. D. Willy 27, 1982 (Address) & Wirty Lower
OF FATHER (State or country)  M  OF FATHER  OF FATHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sarah & Earnsh	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsds. Stateyrsds  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mrs C, H, Smith (Address) Halkerwille, Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Whim Chapel Cemelery May 30, 1932
Filed May 30 1932 WS Curfictato Registrar	20 UN DERTAKER Albaugh Librity town
If more blanks are needed, addre.a State Registr	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation er," etc., Without more process. The laborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, among in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E::haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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OR DIVORCED (write the word)  Sa. IT married, widowed, or divorced HUSBARD of GODESTAND (Monty)  Sa. IT married, widowed, or divorced HUSBARD of GODESTAND (Monty)  Sa. IT married, widowed, or divorced HUSBARD of GODESTAND (Monty)  Sa. DATE OF BIRTH (month, day, and year)  Libest saw M. Sive on Months  Oays  IT LESS than 1 day, hrs. or min.  About 80  It last saw M. Sive on Monthy  It have occurred on the date stated above, at y m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: SAWYER, BOOKKEPER, atc have been say follows: SAWYER, BOOKKEPER, atc have say follows: SAWYER, BOOKKEPER, atc ha	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City New Market Market (If death occurred in a horpital or institution, give its NAME instead of steet and number)  Length of residence in city or town where death occurred yets	1. PLACE OF DEATH	(P-a)
Village or City New Market Market (If death occurred in a horpital or institution, give its NAME instead of steet and number)  Length of residence in city or town where death occurred yets	County Frederick	Registration Diet No. 13 8
Length of residence in city of town where death occurred yrs mos.  2. FULL NAME  (a) Residence: No.  (busing a St., Ward.  (c) Residence: No.  (busing a St., Ward.  (d) If somewident give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  1. SEX  4. COLOR OR RACE  OR DOWNORCED Committed word)  (busing a St., Ward.  (d) RESIDENCY Color of the word of Robert St. S. SINGLE, MARRIED, WIDOWGO.  (d) Residence: No.  (Monty)  (D)  (D)  (Monty)  (D)  (Monty)  (D)  (Monty)  (D)  (D)  (Monty)  (D)  (Monty)  (D)  (Monty)  (D)  (O)  (Monty)  (D)  (Monty)  (D)  (Monty)  (D)  (Monty)  (D)  (D)  (Monty)  (D)  (D)  (D)  (D)  (D)  (D)  (D)  (	Ch 920 2	
2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE, MARKIED, WIDOWED, OR DEATH  S. II married, widowed, or divorated his Shall or Organization of Death  (Wonth)  (Wo		death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No.  (Unusiphere of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR BYORED (when the word)  S. If mirrha, widowed, extyorated and the more)  S. If mirrha, widowed, extremal causes (violated)  If monrevident give city or town and State  S. SINGLE, MARRIED, Williams (visit)  S. If mirrha, widowed, extend a state of a box, at. If my s. If mirrha, widowed, extend a state of a box, at. If my s. If mirrha, widowed, extend a state of a box, at. If my s. If my s. If mirrha, widowed, extend a contend a box, at. If my s.	Length of residance in city or town where death occurredyrs,mos	ds. How long in U. S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS   MEDICAL CERTIFICATE OF DEATH	2. FULL NAME Magaie Sprices	
PERSONAL AND STATISTICAL PARTICULARS   MEDICAL CERTIFICATE OF DEATH	(a) Residence: No.	St. Ward.
21. DATE OF DEATH May 13 (Nontry) (Oby) (Vast)  1. Immired, widowed, o.doverad in world)  1. Immired, widowed, o.doverad in world of injury.  2. Immired, widowed, o.doverad injury.  2. Immired, widowed, o.d		If nonresident give city or town and State
OR DIVORCED (write the word)  Married, widowed, or divorced (103)  Married, widowed, or divorced (104)  Married, wideses or injury in any way related to occupation of deceased?  Married, widowed, wide, as a stringent in word.  Married, wideses or injury in any way related to occupation of deceased?  Marrie	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1932. to Name of operations of the country)  BIRTHPLACE (city or town)  (State or country)  15. MANDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. MANDEN NAME  18. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT DATA  18. BIRTHPLACE (city or town)  (State or country)  18. BIRTHPLACE (city or town)  (State or country)  19. Manded Data  19. Manded Da		21. DATE OF DEATH 13
5. If married, widowed, ordiversal Musband of Gabrers Series Seri		, 193
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Oays  IT LESS than I day, hrs. hrs. of. min.  1 trads, profession, or particular SAWYER, BOOKKEEPER, atc. SAW MILL, BARK, etc.  10. Data decased last worked at this occupation  Other Contributory Cancer of importance  Was there are an autopsy?  12. BIRTHPLACE (city or town) (State or country)  Manuel of oparation.  Name of oparation.  Other Contributory Cancer of importance  What tast confirmad diagnosis?  Was there are an autopsy?  What tast confirmad diagnosis?  Was there are an autopsy?  What tast confirmad diagnosis?  Was there are an autopsy?  What tast confirmad diagnosis?  What tast confirmad country of the following:  Acident, suicke, or homicide?  Oate of injury  Netwer did injury occur?  Spacify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Mannaer of injury  Nature of injury  19. 32.  14 Sas Sissass or injury in any way related to occupation of decased?  Months  Months  Months  Months  Missing  10. Data of occupation of decased?  Months  Mont	5a. If marriad, widowed, or divorcad	
S. DATE OF BIRTH (month, day, and year)  (7. AGE  Years  Months  Oays  If LESS than Iday		Abl 2-9 33 Mia : 13 3-
TAGE Years Months Oays ITLESS than I day. hts.  Now 80	0,601	May 12
1 day. hrs. or. min.  8. Trada, profession, or particular kind of work dome, as SPINNER, SAWYER, BOKKEPER, atc. house keekper  9. Idustry or business in which SAW MILL BAKK MILL. At home.  10. Data deceased last worked at his occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME Athless Policy Acident, suicide, or homicide?  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Acident Acident Acident Acident Acident, suicide, or homicide?  18. BURIAL CREMATION, OR REMOVAL  Place New Manuary Acident Acident Acident Acident, suicide, or homicide?  19. Data of injury  New acident, suicide, or homicide?  Oate of injury  Yellow Acident, suicide, or homicide?  Oate of injury  New acident, suicide, or homicide?  Oate of injury  New acident, suicide, or homicide?  Oate of injury  Yellow Acident, suicide, or homicide?  Oate of injury  New acident, suicide, or homicide?  Oate of injury  Yellow Acident, suicide, or homicide?  Oate of injury  New acident, suicide, or homicide?  Oate of injury  Yellow Acident, suicide, or homicide?  Oate of injury  Oate of injury  Yellow Acident Acident Acident Acident Acident Acident Acident Acident Acident Acide		1 \
8. Trads, profession, or particular find of work done, as SPINNER, SAWER, BOOKEPER, atc. Rouse Selfer States of country of the secondary of th	1 day,hrs.	
Side or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Center or town of the country		wera as follows:
this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Legyth Anguland  18. BURIAL, CREMATION, OR REMOVAL Place Herr Market  Place Herr Market  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. The Contributory Cansed of importance:  May 6,  19. 32  Name of operation.  Name of operation.  Name of operation.  What tast confirmad diagnosis?  Was there an autopsy? Market diagnosis?  20. FILEO Market (Specify city or town), country and State)  Spacify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of injury  19. UNDERTAKER (Address)  Market  19. Spacify (Signed)  Market  P. Address  M. D.  M. D.	kind of work done, as SPINNER,	ouflinger 1000
this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Legyth Anous Length Land (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place Herr Market Data May 15, 19 32  19. UNDERTAKER (Addrass)  19. UNDERTAKER (Address)  19. UNDERTAKER (Signed)  19. UNDERTAKER (Signed)  19. Other Contributory Cansety of importance:  19. Where did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  19. Was disease or injury in any way related to occupation of dacasad?  19. UNDERTAKER (Signed)  19. Other Contributory Cansety of importance:  19. Was there are autopsy?  19. Where did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  19. Was disease or injury in any way related to occupation of dacasad?  19. Spacify (Signed)  19. Other Contributory Cansety of importance:  19. May 4, 1932  19. Was disease or injury in any way related to occupation of dacasad?  19. Other Contributory Cansety of importance:  19. May 4, 1932  19. Was disease or injury in any way related to occupation of dacasad?  19. Other Contributory Cansety of importance:  19. May 4, 1932  19. Was disease or injury in any way related to occupation of dacasad?  19. Other Contributory Cansety of importance:  19. May 4, 1932  19. Was disease or injury in any way related to occupation of dacasad?  19. Other Contributory Cansety of importance:  19. May 4, 1932  19. Other Contributory Cansety of importance:  19. Other Contributory Canse	9. Industry or business in which	1732
this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Legyth Anguland  18. BURIAL, CREMATION, OR REMOVAL Place Herr Market  Place Herr Market  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. The Contributory Cansed of importance:  May 6,  19. 32  Name of operation.  Name of operation.  Name of operation.  What tast confirmad diagnosis?  Was there an autopsy? Market diagnosis?  20. FILEO Market (Specify city or town), country and State)  Spacify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of injury  19. UNDERTAKER (Address)  Market  19. Spacify (Signed)  Market  P. Address  M. D.  M. D.	SAW MILL, BANK, etc	
Other Contributory Cancey of importance:    12. BIRTHPLACE (city or town)		
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Light of Landing Country  18. BURIAL, CREMATION, OR REMOVAL Place  19. May  19. May  19. May  19. Manner of oparation  Name of oparation  Name of oparation  What test confirmed diagnosis?  Was there an autopsy?  10. Accident, sulcide, or homicide?  Accident, sulcide, or homicide?  Oate of injury  Newere did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  Nature of injury in any way related to occupation of decassed?  16. Specify  17. INFORMANT Light of the country in any way related to occupation of decassed?  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNOERTAKER (Address)  19. Was disease or injury in any way related to occupation of decassed?  19. Specify  (Signed)  19. Wh. D.		Other Cantributeum Consumati Imparted as:
13. NAME     14. BIRTHPLACE (city or town)	12. BIRTHPLACE (city or town)	
(State or country)  What tast confirmed diagnosis?  Was there an autopsy?  Was there an autopsy?  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  What tast confirmed diagnosis?  Was there an autopsy?  Accident, sulcide, or homicide?  Oate of injury.  Spacify whather injury occur?  Spacify whather injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  Manner of injury  Nature of injury  19. UNOERTAKER  (Address)  Manner of injury  Nature of injury  19. UNOERTAKER  (Address)  Manner of injury  Nature of injury  19. UNOERTAKER  (Address)  Manner of injury  Nature of injury  Nature of injury  Nature of injury  (Signed)  M. D.  (Signed)  M. D.		1932
(State or country)  What tast confirmed diagnosis?  Was there an autopsy?  Was there an autopsy?  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  What tast confirmed diagnosis?  Was there an autopsy?  Accident, sulcide, or homicide?  Oate of injury.  Spacify whather injury occur?  Spacify whather injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  Manner of injury  Nature of injury  19. UNOERTAKER  (Address)  Manner of injury  Nature of injury  19. UNOERTAKER  (Address)  Manner of injury  Nature of injury  19. UNOERTAKER  (Address)  Manner of injury  Nature of injury  Nature of injury  Nature of injury  (Signed)  M. D.  (Signed)  M. D.	13. NAME Unknows	
(State or country)  What tast confirmed diagnosis?  Was there an autopsy?  Was there an autopsy?  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  What tast confirmed diagnosis?  Was there an autopsy?  Accident, sulcide, or homicide?  Oate of injury.  Spacify whather injury occur?  Spacify whather injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  Manner of injury  Nature of injury  19. UNOERTAKER  (Address)  Manner of injury  Nature of injury  19. UNOERTAKER  (Address)  Manner of injury  Nature of injury  19. UNOERTAKER  (Address)  Manner of injury  Nature of injury  Nature of injury  Nature of injury  (Signed)  M. D.  (Signed)  M. D.	14. BIRTHPLACE (city or town)	Name of oparationData of
16. BIRTHPLACE (city or town)  (Stata or country)  17. INFORMANT Light Anous Less (Madrass)  18. BURIAL, CREMATION, OR REMOVAL  Place Please Manhart Data May 15., 19 32  19. UNOERTAKER  (Address)  19. UNOERTAKER  (Address)  19. UNOERTAKER  (Address)  19. UNOERTAKER  (Address)  (Address		04
16. BIRTHPLACE (city or town)  (Stata or country)  17. INFORMANT Ligit from the first fraction of the first fr		23. If death was due to external causes (VIOL ENCE) fill in also the following:
(Stata or country)  Where did injury occur?  (Specify city or town, county and State)  Spacify whather injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.  (Addrass)  Manner of injury  Nature of injury  19. UNOERTAKER  (Address)  Manner of injury  Nature of injury  19. UNOERTAKER  (Address)  Manner of injury  Nature of injury  Nature of injury  (Address)  Manner of injury  Nature of injury	16. BIRTHPLACE (city or town)	
17. INFORMANT CLASSICAL AND CONTROL CO		Where did injury occur?
(Addrass)  Monnorca  Mannar of injury  Place New Market Data May 15., 19 32  Nature of injury  19. UNOERTAKER  (Address)  Mannar of injury  Nature of injury  24. Was disease or injury in any way related to occupation of dacasad?  16 so, spacify  (Signed)  Mannar of injury  Nature of injury  Nature of injury  24. Was disease or injury in any way related to occupation of dacasad?  Monnor of injury  Nature o	17 INFORMANT Vin il Inouvolen busto)	(Specify city or town, county and State) Spacify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
Place New Market Data May 15., 19 32  Nature of injury  19. UNDERTAKER W. E. F. alcones (Address)  No. Spacify  20. FILEO May 14., 1932 Lucian X. F. Alcones (Signed)  Nature of injury  18 so, spacify  (Signed)  No. D. May 14., 1932 Lucian X. F. Alcones	The state of the s	
19. UNOERTAKER W. E. F. alcones  (Address)  19. UNOERTAKER  19. Un	de me e e me i = -	Mannar of injury
19. UNDERTAKER  (Address)  (Bigned)  (Compared to occupation of dacasasd?  (Signed)  (Signed)  (Signed)	Place Mew Market Data May 15, 1932	Nature of injury
20. FILEO May 14, 1932 Lucian X for home (Signed) Ernet P. Rout M. D.	19 UNDERTAKER W. E. Falcones	24. Was disease or injury in any way related to occupation of dacaasad? No
20. FILEO. Alley 7. 19 - XIICLAND J. Lattaries		
	20 FUED March 14 1032 Terris NA A	(Signed) arnest , Tout , M.D.
		(Address) "New market Moh

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroen teritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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infor-PHYSICIANS should state of OCCUPA-RECORD. Every item of Exact statement stated EXACTLY. properly classified. BINDIN See instructions on back of certificate. FOR VITH UNFADING INK-THIS MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important.

ż

1. PLACE OF DEATH		97)
County Frederick		Registration Dist. No. 188
Village or City Kens Meyer To	narket	No. St. Ward
		death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death	occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME CMMa	une Sleel	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED, DR DIVORCED (write the word)	21. DATE OF DEATH  May  (Wonth)  (Dey)  (Year)
5e. If married, widowed, or divorced HUSBAND (or) WIFE of	Steel	22. May 16 10 32 to May 2 10 32
12-	- 27 - 1839	04
6. DATE OF BIRTH (month, day, and yeer)	Davs   if LESS then	I last saw h A alive on , 19.3. death is said to have occurred on the date stated above, at 5 P, m
92 4	9 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or perticular	ormin.	were as follows: Urting Aclervaix Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	usekegher	/-/
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10 Date deceased lest worked et this ceruation (months and	u home	
Date deceased lest worked et this occupation (month and	11. Total time (yeers) spent in this	
yeer)	occupation	On Code Code
12. BIRTHPLACE (city or town)		Other Contributory Causes of importance:
(State or country)	land	
13. NAME Samuel IT,	Price	
13. NAME Samuel 1.		Name of operation
(Stete of country)	Land	What test confirmed diegnosis? Wes there en eulopsy?
15. MAIDEN NAME Cause 19	Kemp	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?
(State or country)	land	Where did injury occus? (Specify city or town, county and State)
17. INFORMANT Slevinge It flee (Address) Rew Me	(husband)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	on 97 99	Manner of injury
Pleco Union hafal D	ate_11019_d-1.,1921-	Neture of injury
19. UNDERTAKER A. E. Hale (Address) Rew Month	mes -	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED May 25, 19 32 Lecas	n J. Frahermen Registrar.	(Signed) Emit P. Roop M. D. (Address) Yun Markel Md
. If more blank		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ti	Example II	!
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		4	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARKETERINE	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31)
County Tredución	Registration Dist. No.
Willage or City Treducion	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	_mosds. How long in U.S. if of foreign birth?yrs mosds
2. FULL NAME Trancis Karley	Verthermen
(a) Residence: No. 8 W. 3 71	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
L SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE	
male while OR DIVORCED (write the wor	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Q 1 5-183	19 3 (, to Work 1992
6. DATE OF BIRTH (month, dey, end year)	I ldst saw h_c_fmalive on
7. AGE Yeers Depth Deys If LESS th	
ormin	
8. Trede, profession, or perticular kind of work done, es SPINNER Retried March SAWYER, BOOKKEPER, etc.  9. Industry or business in which	and
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
D. Date deceased lest worked et this occupation (month and spent in this occupation occupation occupation	
Olassa X	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stete or country)	the reputed
Ŧ D	Neme of operation Dete of
(Stete or country)	Neme of operation Dete of Whet test confirmed diegnosis? Wes there en autopsy?
15. MAIDEN NAME Chotilla Karley	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Wotelda Karley  16. BIRTHPLACE (city or town) Writerburg  (State or country)	Accident, suicide, or homicide?
Slate or country)	Where did Injury occur?
17. INFORMANT Chas. Wirtherin /	(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL P.	Manner of injury
Place Dete Dete 119	Neture of injury
19. UNDERTAKER OF Coline Hotel	24. Was disease or injury in any wey releted to occupation of deceased?
20. FILED 4 Amay, 198 2 Down mclaus	(Signed) M. M.
	strar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

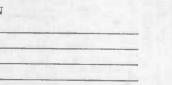
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		. Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 yeor

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPA-IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. WITH UNFADING INK-THIS B.-WRIPE PLAINLY, ż

V. S. No. 1

SIAIL OF	MARYLAND—	CERTIFICATE OF DEATH (15394
County Frederick.		137
County Trans	lle - Pf. D. not	Registration Dist. No. / 4
Village of City Uniono	Ca - 01 9.10,114	St., War If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where dee		
2. FULL NAME John L	West =	V
711		
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  May = 24 = 1932.  (Month) (Oay) (Yeer)
5a. If married, widowed, or divorced		(Month) (Oay) (Yeer)
(or) WIFE late many 6.	West.	22. I HEREBY CERTIFY, That I ettended deceased from
1	/	5-, 9-,1931,10 5-23-,1932
6. DATE OF BIRTH (month, dey, and year) / 85	4-1-5	I last saw h_MM. alive on 5-22-, 19-32 deeth is sai
7. AGE Years Months	Days If LESS than 1 day,	to heve occurred on the date steted above, et
18 = 1	19 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trede, profession, or perticutar	chorse	Out of other
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	,	7
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Oata deceased lest worked at		Brouch astlema 492
10. Oatë deceased iest worked at	11 Total time (veers)	
this occupation (month and year)	11. Total time (yeers) spant in this occupation	A
Oak Great	Rand, Fred, Co.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	land, your,	Plane
0 0 0 000	+=	- Mr. Mysearsius
<b>=</b>		
14. BIRTHPLACE (city or town)	a. Dr. Dr.	Neme of operation
(State of country)	P	Whet test confirmed diegnosis? Was there an autopsy?
15. MAIOEN NAME Cologalyth	Forman,	23. if death wes due to externel causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Chigalath  16. BIRTHPLACE (city or town)	-d[ les.	Accident, sulcide, or homicide? Oate of injury, 19
(Stete er country) Many	Kourad 1	Where did injury occur?
17. INFORMANT Pris. Okcasional	Black,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) P.F.D. Mt. fien	4. 2md.	•••••
18. BURIAL, CREMATION, OR REMOVAL	man	Manner of injury
Plece my anore outly	Oete May 26, 1932	Nature of injury.
19. UNOERTAKER 6. M. Halt. (Address) Hindield	Jud.	24. Wes disease or injury in any way related to occupetion of deceased?
60, TILED May 25, 1932 21	Der fur ou. Registrar.	(Signed) f. L. L. g.g. M. (Address) Union Bridge
If more bla		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

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10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Figure 1. The particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
O eontributory eauses of importance:		Other contributory causes of importance:	
stones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

4	STATE OF MARYLAND—	CERTIFICATE OF DEATH (1539)	()
-	County Tre derick	Registration Dist. No. / 34	
	\alpha + 11 '\alpha \alpha	h = 1   1   1   1   1   1   1   1   1   1	Ward
	(If	death occurred in a hospital or institution, give its NAME instead of street and number	r)
	Length of residence In city or town where death occurredyrs,mos.	7 ds. How long in U.S. if of foreign birth? / yrs mos	ds.
2	FULL NAME Mrs. Malie Whitten	Ma D. I. na.	1
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
7	SEX  4. COLOR OR RACE OR DIVORCEO (write the word)	21. DATE OF DEATH Way 25, 193 (Month)	Year)
5a.	If married, widowed, or divorced HUSBAND OF Clarence White	22. 1 HEREBY CERTIFY, That I ettended decem	sed from
-	Carrie of remain	May 17 ,1932, 10 May 24 ,1	9.32
-	OATE OF BIRTH (month, day, and year) 1910 // AGE Years Months Days If LESS than	I last saw here alive on Way 2 H . 0, 1972; dear to have occurred on the date stated above, at 7, 1, 5 A.m.	th is said
8. 1	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	8. Trade, profession, or particular	Full-term Pregnancy & Contracted Oats	of onset
TION	kind of work done, as SPINNER, Northe, SAWYER, BOOKKEEPER, etc.		418
JPA	9. Industry or business in which vork was done, as SILK MILL,	100	
1000	SAW MILL, BANK, etc		
	this occupation (month and spent in this occupation occupation	Other Contributory Causes of importance: 7	
12.	BIRTHPLACE (city or town) Wary and	Perstruitio -	720
~	(State or country)	Drawage of Relieve - may 14	
FATHER	13. NAME Storius Weedon	Name of angration Messarian Lection Bata of man	
FA	14. BIRTHPLACE (city or town)	Name of operation Assauch Cetter Date of May What test confirmed diagnosis as work town Was there en autops	7
E E	15. MAIDEN NAME Sennie Written	23. If death was due to external causes (VIOLENCE) fill In also the following:	y:«
MOTHE	16. BIRTHPLACE (city or town) Waryland	Accident, suicide, or homicide?Oate of injury,	19
Σ	(State or country)	Where did injury occur?(Specify city or town, county and State)	
17.	(Address) Wortern Hogy, Tred & rid.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
18.	Place Point of Racks Cote May 27, 1932	Manner of injury	
19.	UNDERTAKER M. R. Celstuson & Son (Address) Fredericks md	24. Was disease or injury in any way related to occupation of deceased?	<b>)</b>
20.	FILED 25 lung, 132 Agriculture, Registrar.	(Signed) Frank Morthmetic (Address) Frederick and	M. [

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
12123 V.S.	1	•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH pluods Registration Dist. No. Village or City No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? statement 2. FULL NAME RECORD. (Vaual piace of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. PERMANENT (Year) 5a. If married, widowed, BINDIN HD of That I attended deceased from (or) WIFE of death is said certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years If LESS than proper Months FOR stated The PRINCIPAL CAUSE OF DEATH and related causes of importance SI or .... min. were as follows: Date of enset 8. Trade, profession, or particular THIS OCCUPATION MARGIN RESERVED kind of work done, as SPINNER, jo SAWYER, BOOKKEEPER, etc. back Industry or business in which should may work was done, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_\_ On Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that year) \_\_\_\_ occupation instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town (State or country) terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town plain (State or country) What test confirmed diagnosis? carefully MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 16. BIRTHPLACE (city or town) (State or country Where did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE very bluods OF Manner of injury S AUSE mation TION Nature of injury. (Address) If so, specify M (Signed If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week aga	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5,1927	Peritonitis	3 days aga	
L. S. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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